### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 1 of 82

| Fill in this information to identify your case: |                               |  |                  |
|---|-------------------------------|--|------------------|
| United States Bankruptcy Court for the:         |                               |  |                  |
|   |                               |  |                  |
| Northern District of: Illinois (State)          |                               |  |                  |
| Case number (if known)                          | Chapter you are filing under: |  |                  |
|   | Chapter 7                     |  |                  |
|   | Chapter 11                    |  |                  |
|   | Chapter 12                    |  | Check if this is |
|   | Chapter 13                    |  | amended filing   |

### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself                        |                            |   |  |  |  |  |  |
|--|----------------------------|---|--|--|--|--|--|
|  | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |  |  |
| Your full name                                   | James                      |   |  |  |  |  |  |
| 10011101110                                      | First name                 | First name                                    |  |  |  |  |  |
| Write the name that is on your government-issued |                            |   |  |  |  |  |  |
| picture identification (for                      | Middle name                | Middle name                                   |  |  |  |  |  |
| example, your driver's license or passport       | Smith                      |   |  |  |  |  |  |
| licerise or passport                             | Last name                  | Last name                                     |  |  |  |  |  |
| Bring your picture identification to your        | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |  |  |  |  |  |
| meeting with the trustee.                        | Sullix (Sr., Jr., II, III) | Sullix (Sr., Jr., II, III)                    |  |  |  |  |  |
| 2. All other names you                           |                            |   |  |  |  |  |  |
| have used in the last                            | First name                 | First name                                    |  |  |  |  |  |
| 8 years  |                            |   |  |  |  |  |  |
| La de de como de de de co                        | Middle name                | Middle name                                   |  |  |  |  |  |
| Include your married or maiden names.            |                            |   |  |  |  |  |  |
|  | Last name                  | Last name                                     |  |  |  |  |  |
|  | First a see                | First varies                                  |  |  |  |  |  |
|  | First name                 | First name                                    |  |  |  |  |  |
|  | Middle name                | Middle name                                   |  |  |  |  |  |
|  | Wilder Hame                | Triadic Harie                                 |  |  |  |  |  |
|  | Last name                  | Last name                                     |  |  |  |  |  |
| 3. Only the last 4 digits                        |                            |   |  |  |  |  |  |
| of your Social                                   | XXX - XX- 0978             | XXX - XX-                                     |  |  |  |  |  |
| Security number or<br>federal Individual         | OR                         | OR  |  |  |  |  |  |
| Taxpayer   | 9 xx - xx-                 | 9 xx - xx-                                    |  |  |  |  |  |
| Identification number<br>(ITIN)                  |                            |   |  |  |  |  |  |

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 2 of 82

| De | ebtor 1 James<br>First Name                            | Middle Name Last Name  | Case number (if known)   |
|----|--|--|--|
|    | i ii st ivaine   | Wilder Valle Last Ivalle   |  |
|    |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.  | I have not used any business names or EINs.  |
|    | Identification Numbers (EIN) you have used in the last | Business name  | Business name  |
|    | 8 years  | Business name  | Business name  |
|    | Include trade names and doing business as names        | EIN  | EIN  |
|    |  | EIN  | EIN  |
| 5. | Where you live   |  | If Debtor 2 lives at a different address:  |
|    |  | 14131 S. Tracey Avenue  Number Street  Apt. 2W   | Number Street  |
|    |  | Riverdale Illinois 60827   |  |
|    |  | City State Zip Code  | City State Zip Code  |
|    |  | Cook<br>County   | County   |
|    |  | •  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any          | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to |
|    |  | notices to you at this mailing address.  | this mailing address.  |
|    |  | Number Street  | Number Street  |
|    |  |  |  |
|    |  | City State Zip Code  | City State Zip Code  |
| 6. | Why you are choosing this district                     | Check one:   | Check one:   |
|    | to file for bankruptcy                                 | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 3 of 82

| De  | ebtor 1 James   |  |  | Case number (if kno   | wn)  |
|-----|---|--|--|---|--|
|     | First Name  | Middle Name  | Last Name  |   |  |
| Pa  | rt 2: Tell the Court Abo  | out Your Bankruptcy Case   |  |   |  |
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  |  | cription of each, see <i>Notice Requ</i><br>Also, go to the top of page 1 and  |   | c. § 342(b) for Individuals Filing for opriate box.  |
| 8.  | How you will pay the fee  | more details about how cashier's check, or mor may pay with a credit or line of the line o | w you may pay. Typically, if you ney order. If your attorney is seard or check with a pre-printer in installments. If you choose ar Filing Fee in Installments (Obe waived (You may request equired to, waive your fee, and that applies to your family sind, you must fill out the Application. | ou are paying the<br>submitting your<br>ed address.<br>e this option, sig<br>official Form 103<br>this option only<br>d may do so onl<br>ze and you are u | the clerk's office in your local court for e fee yourself, you may pay with cash, payment on your behalf, your attorney in and attach the <i>Application for</i> A).  If you are filing for Chapter 7. By law, a y if your income is less than 150% of inable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official) |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | V No.  Yes. District  District  District   | When<br>When<br>When   | MM / DD / YYYY  MM / DD / YYYY  MM / DD / YYYY  | Case number  Case number  Case number  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.  Yes. Debtor  District  Debtor  District   | When When  | MM / DD / YYYY  | Relationship to you  Case number, if known  Relationship to you  Case number, if known   |
| 11. | Do you rent your residence?   | ✓ No. Go to line  Yes. Fill out <i>Init</i>  |  |   | ot You (Form 101A) and file it with  |

## Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 4 of 82

Smith Debtor 1 James Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ✓ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 5 of 82

Debtor 1 James Smith Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. The law requires that Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

## Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 6 of 82

Smith Debtor 1 James Case number (if known) First Name Middle Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded ✓ No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **1**-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do vou estimate that you owe? 100-199 10,001-25,000 More than 100,000 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$10,000,000,001-\$50 billion to be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ James Smith Signature of Debtor 1 Signature of Debtor 2 Executed on \_\_\_10/10/2019 Executed on MM / DD / YYYY MM / DD / YYYY

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 7 of 82

| Debtor 1 James                                   |                             | Smith                 | Case number (if I           | known)  |
|--|-----------------------------|-----------------------|-----------------------------|---|
| First Name                                       | Middle Name                 | Last Name             |                             |   |
| For your attorney, if you are represented by one | eligibility to proceed und  | der Chapter 7, 11, 12 | , or 13 of title 11, United | ave informed the debtor(s) about<br>d States Code, and have explained the<br>lso certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ   | ired by 11 U.S.C. § 3 | 342(b) and, in a case in v  | which § 707(b)(4)(D) applies, certify that I  |
| represented by an                                | . ,                         |                       |                             | ules filed with the petition is incorrect.  |
| attorney, you do not                             | · ·                         |                       |                             |   |
| need to file this page.                          | /s/ Jessica Boone           |                       | Date                        | 10/10/2019  |
|  | Signature of Attorney f     | or Debtor             |                             | M / DD / YYYY   |
|  | eig.iaiaie e. / iiie.iie, i | 0. 200.0.             |                             |   |
|  |                             |                       |                             |   |
|  | Jessica Boone               |                       |                             |   |
|  | Printed name                |                       |                             |   |
|  | 0 11 5                      |                       |                             |   |
|  | Semrad Law Firm             |                       |                             |   |
|  | Firm name                   |                       |                             |   |
|  | 11101 S. Western Ave        | nue                   |                             |   |
|  | Street                      |                       |                             |   |
|  |                             |                       |                             |   |
|  |                             |                       |                             |   |
|  | Chicago                     |                       | Illinois                    | 60643   |
|  | City                        |                       | State                       | Zip Code  |
|  | Contact phone               | 3124473709            | Email address               | jboone@semradlaw.com  |
|  |                             |                       |                             |   |
|  |                             |                       |                             |   |
|  | Bar number                  |                       | State                       |   |

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 8 of 82

| Fill in this information to identify your case:                       |            |             |           |  |  |  |
|---|------------|-------------|-----------|--|--|--|
| Debtor 1  | James      | Smith       |           |  |  |  |
|   | First Name | Middle Name | Last Name |  |  |  |
| Debtor 2  |            |             |           |  |  |  |
| (Spouse, if filing)   | First Name | Middle Name | Last Name |  |  |  |
| United States Bankruptcy Court for the: Northern District of Illinois |            |             |           |  |  |  |
|   |            |             | (State)   |  |  |  |
| Case number<br>(If known)   |            |             |           |  |  |  |

| Check if this is an |
|---------------------|
| amended filing      |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Your assets<br>Value of what you own      |
|--|---|
| . Schedule A/B: Property (Official Form 106A/B)  | \$0.00                                    |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | \$2,950.00                                |
| 1b. Copy line 62, Total personal property, from Schedule A/B   |   |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$2,950.00                                |
| art 2: Summarize Your Liabilities  |   |
|  | <b>Your liabilities</b><br>Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                     | <b>#0.40.00</b>                           |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$346.00                                  |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$0.00                                    |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     | <b>*</b>                                  |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$18,302.00<br>                           |
| Your total liabilities   | \$18,648.00                               |
| 0  |   |
| art 3: Summarize Your Income and Expenses  |   |
|  | \$2,316.15                                |
| . Schedule I: Your Income (Official Form 106I)   |   |
| . Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I       |   |

## Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 9 of 82

Smith Debtor 1 James Case number (if known) First Name Middle Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  $\square$ 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$1,679.66 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: **Total claim** From Part 4 on Schedule E/F, copy the following: \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

9g. Total. Add lines 9a through 9f.

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 10 of 82

| Fill in this                           | informat                          | tion to identify your c   | ase:   |                       |  |   |                     |   |   |
|--|-----------------------------------|---|--|-----------------------|--|---|---------------------|---|---|
| Debtor 1                               | Ja                                | ames  |  |                       | Smith  |   |                     |   |   |
| Debtor 2                               | Fi                                | irst Name   | Middle N   | lame                  | Last Na  | me  |                     |   |   |
| (Spouse, if fi                         | ling) Fi                          | irst Name   | Middle N   | lame                  | Last Na  | me  |                     |   |   |
| United Sta                             | ates Bank                         | kruptcy Court for the:  | Northern   |                       | District of Illin  | ois   |                     |   |   |
| Case num                               | nber _                            |   |  |                       | (St  | ate)  |                     |   |   |
| Officia                                | al For                            | m 106A/B  |  |                       |  |   |                     |   | Check if this is an amended filing  |
| Sche                                   | dule                              | A/B: Prope  | rty  |                       |  |   |                     |   | 12/1  |
| category v<br>responsibl<br>write your | where you<br>le for sup<br>name a | ou think it fits best. E<br>pplying correct infor<br>nd case number (if k | Be as complete a<br>mation. If more s<br>nown). Answer e | nd ad<br>pace<br>very | ccurate as possible is needed, attach question.  | e. If two married peo<br>a separate sheet to      | ople ar<br>o this f | n one category, list the<br>e filing together, both a<br>orm. On the top of any | are equally   |
|  |                                   | be Each Residenc  | _  |                       |  |   |                     |   |   |
| 7. Do you                              |                                   | to Part 2   | fuitable lillerest i                                     | iii aii               | y residerice, buildi   | ng, ianu, or sililiar                             | proper              | ty:   |   |
|  | Yes. Wh                           | nere is the property?   |  |                       |  |   |                     |   |   |
| 1.1                                    | Street a                          | ddress, if available, or  | other description  | Wh                    | at is the property? Single-family home Duplex or multi-uni   |   |                     | the amount of any secu  | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  |
|  |                                   |   |  |                       | Condominium or communication or manufactured or m  | ooperative  |                     | Current value of the entire property?   | Current value of the portion you own?   |
|  | Number                            | r Street<br>State   | Zip Code   |                       | Land Investment property Timeshare Other   | y   |                     | Describe the nature of interest (such as fees the entireties, or a life         | simple, tenancy by  |
|  |                                   |   |  | Wh                    | e.<br>Debtor 1 only<br>Debtor 2 only<br>Debtor 1 and Debto   | n the property? Che or 2 only debtors and another | eck                 | Check if this is co<br>(see instructions)                                       | ommunity property   |
|  |                                   |   |  | Oth                   |  | ı wish to add about                               | this ite            | em, such as local   |   |
| lf vo.                                 |                                   | anya mara than ana li   | at hava  | pro                   | perty identification   | n number <u>:</u>                                 |                     |   |   |
| 1.2                                    |                                   | nave more than one, li  |  | Wh                    | Single-family home<br>Duplex or multi-uni<br>Condominium or or   | t building<br>ooperative                          |                     | the amount of any secu  | claims or exemptions. Put<br>ured claims on <i>Schedule D:</i><br>aims Secured by Property.<br>Current value of the<br>portion you own? |
|  |                                   |   |  | Ш                     | Manufactured or m<br>Land  | obile home  |                     |   |   |
|  | Number                            | r Street<br>State   | Zip Code   |                       | Investment property Timeshare Other  | y<br>   |                     | Describe the nature of interest (such as fee sthe entireties, or a life         | simple, tenancy by  |
|  | Oity .                            | Giale   | Zip Sout   | one                   | o has an interest in<br>bettor 1 only<br>Debtor 2 only<br>Debtor 1 and Debtor<br>At least one of the o | debtors and another wish to add about             |                     | (see instructions)  | ommunity property   |

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 11 of 82

| Street address, if available, or other description   What is the property? Check all that apply.   Do not the an Credit   Curre entire   Manufactured or mobile home   Describe     | known)  |  |
|--|---|--|
| Single-family home   | ,   |  |
| Who has an interest in the property? Check one.    Debtor 1 only   Debtor 2 only   Debtor 1 and Debtors and another  | o not deduct secured claims or exe e amount of any secured claims o reditors Who Have Claims Secured urrent value of the tirre property?  Current va portion yo escribe the nature of your owne | n Schedule D:<br>I by Property.<br>alue of the<br>u own? |
| Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information:  Debtor 1 only  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Other information:  Debtor 1 only  Debtor 2 only  No  Other information:  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this is community property (see  | terest (such as fee simple, tena<br>e entireties, or a life estate), if   | incy by  |
| Part 2: Describe Your Vehicles  Describe Your Vehicles  Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Including any entries and Unexpired to the property of the property of the property?  Approximate mileage:  Other information:  Describe Your Vehicles  De | Check if this is community pr<br>(see instructions)   | operty   |
| 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for part you have attached for Part 1. Write that number here.  Describe Your Vehicles  Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Including any entries for part of the part of the property of th | ch as local   |  |
| 3.1 Make Model: Year: Approximate mileage: Other information:  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only  Other information:  At least one of the debtors and another Check if this is community property (see   | •   |  |
| Model: Year: Approximate mileage: Other information: Debtor 1 only Debtor 2 only Other information: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see  | expired Leases.   |  |
| Other information:  Debtor 2 only  At least one of the debtors and another  Check if this is community property (see   | o not deduct secured claims or ex<br>le amount of any secured claims o<br>treditors Who Have Claims Secured   | on <i>Schedule D:</i>                                    |
| III5tiuctions)   | urrent value of the Current value property? portion yo  | alue of the<br>ou own?                                   |
| Model: one. the ar<br>Year: Debtor 1 only Credit   | o not deduct secured claims or ex<br>the amount of any secured claims of<br>treditors Who Have Claims Secured   | on <i>Schedule D:</i>                                    |
|  | urrent value of the ntire property? portion yo  | alue of the<br>ou own?                                   |

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 12 of 82

| ebtor 1 | James<br>First Name   | Middle Name | Smith<br>Last Name   | Case number                               | (if known)             |  |
|---------|---|-------------|--|---|------------------------|--|
| 3.3     | Make Model: Year: Approximate mileage: Other information:             |             | Who has an interest in thone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debtor 1 Check if this is comminstructions) | only<br>ors and another                   | the amount of any secu | claims or exemptions. Put red claims on <i>Schedule D ims Secured by Property.</i> Current value of the portion you own?                 |
| 3.4     | Make Model: Year: Approximate mileage: Other information:             |             | Who has an interest in thone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2   |   | the amount of any secu | claims or exemptions. Put red claims on <i>Schedule D ims Secured by Property.</i> Current value of the portion you own?                 |
| Exar    | ercraft, aircraft, motor hom<br>nples: Boats, trailers, motors,<br>No | •           | · ·  | unity property (see er vehicles, and acce |                        |  |
| 4.1     | Yes  Make  Model: Year: Approximate mileage:  Other information:      |             | Who has an interest in thone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debt  | only<br>ors and another                   | the amount of any secu | claims or exemptions. Purified claims on <i>Schedule Dims Secured by Property</i> .  Current value of the portion you own?               |
| 4.2     | Make Model: Year: Approximate mileage: Other information:             |             | Check if this is comminstructions)  Who has an interest in thone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2                             | e property? Check only                    | the amount of any secu | claims or exemptions. Pur<br>irred claims on <i>Schedule E</i><br>irims Secured by Property.<br>Current value of the<br>portion you own? |
|         |   |             | At least one of the debt Check if this is comminstructions)  |   |                        |  |

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 13 of 82

Smith Debtor 1 James Case number (if known) First Name Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Bedroom Set \$500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... iPhone 8 Plus, Two Televisions, Playstation Four \$1200.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$250.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Necklace, Earrings \$500.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2450.00 for Part 3. Write that number here ......

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 14 of 82

Smith Debtor 1 James Case number (if known) First Name Middle Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$0.00 17.1. Checking account: Bank of America 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: Source One Credit Union \$0.00 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 15 of 82

| Debt | tor 1 James  |   | Smith                         | Case number (if known)                     |          |
|------|--|---|-------------------------------|--|----------|
|      | First Name   | Middle Name   | Last Name                     |  |          |
| 20.  | Negotiable instruments                             | orate bonds and other negotia<br>include personal checks, cashiers<br>ents are those you cannot transfe | s' checks, promissory not     | es, and money orders.                      |          |
|      | No Yes. Give specific information about them       | Issuer name:  |                               |  |          |
|      |  |   |                               |  |          |
| 21.  | Retirement or pension<br>Examples: Interests in If |   | o), thrift savings accounts   | , or other pension or profit-sharing plans |          |
|      | No ✓ Yes. List each                                | Type of account:  | Institution name:             |  |          |
|      | account separately.                                | 401(k) or similar plan:   | Through Employer              |  | \$500.00 |
|      |  | Pension plan:   |                               |  |          |
|      |  | IRA:  |                               |  |          |
|      |  | Retirement account:  Keogh:   |                               |  |          |
|      |  | Additional account:   |                               |  |          |
|      |  | Additional account:   |                               |  |          |
| 22.  |  | prepayments<br>I deposits you have made so tha<br>with landlords, prepaid rent, publ                    |                               |  |          |
|      | Yes  | Electric:   |                               |  |          |
|      |  | Gas:  |                               |  | <u> </u> |
|      |  | Heating oil:  |                               |  |          |
|      |  | Security deposit on rental unit:  |                               |  | -        |
|      |  | Prepaid rent:   | -                             |  |          |
|      |  | Telephone: Water:   |                               |  | -        |
|      |  | Rented furniture:   |                               |  |          |
|      |  | Other:  | -                             |  |          |
| 23.  | Annuities (A contract fo                           | or a periodic payment of money t  | o you, either for life or for | a number of years)                         |          |
|      | ✓ No Yes   | Issuer name and description:  |                               |  |          |
|      |  |   |                               |  |          |
|      |  |   |                               |  |          |

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 16 of 82

| Debte | or 1 James   | Middle Name   | Smith   | Case number (if known)   |  |
|-------|--|---|---|--|--|
| 0.4   | First Name   | Middle Name   | Last Name   | dan a marife d'atata tuitian manana  |  |
| 24.   |  | o)(1), 529A(b), and 529(b)(1).  | i qualified ABLE program, or und  | der a qualified state tuition program.   |  |
|       | No Insti   | tution name and description. Sep  | parately file the records of any interest                               | ests.11 U.S.C. § 521(c):   |  |
|       | _  |   |   |  |  |
| 25.   | -  |   | other than anything listed in lin                                       | e 1), and rights or powers   |  |
|       | exercisable for yo   | ur benent   |   |  |  |
|       | Yes. Describe  |   |   |  |  |
| 26.   |  |   | and other intellectual property<br>des from royalties and licensing agr | eements  |  |
|       | No Yes. Describe   |   |   |  |  |
|       | Tes: Describe  | ·   |   |  |  |
| 27.   |  | es, and other general intangib<br>permits, exclusive licenses, coop   | oles<br>perative association holdings, liquor                           | r licenses, professional licenses  |  |
|       | <b>✓</b> No  |   |   |  |  |
|       | Yes. Describe  |   |   |  |  |
|       |  |   |   |  |  |
|       |  |   |   |  |  |
| Mon   | ey or property o   | wed to you?   |   |  | Current value of the portion you own?  Do not deduct secured claims or exemptions.                                 |
|       | ey or property o   |   |   |  | portion you own? Do not deduct secured   |
|       |  |   |   |  | portion you own? Do not deduct secured   |
|       | Tax refunds owed t  ✓ No  ☐ Yes. Give specif   | o you ic information  |   | Federal:   | portion you own? Do not deduct secured   |
|       | Tax refunds owed to No Yes. Give specification about their you alread  | o you ic information n, including whether y filed the returns   |   | Federal:<br>State:   | portion you own? Do not deduct secured claims or exemptions.   |
| 28.   | Tax refunds owed to No Yes. Give specification about their you alread and the tax  | o you ic information n, including whether   |   |  | portion you own? Do not deduct secured claims or exemptions.   |
| 28.   | Tax refunds owed to No Yes. Give specification about their you alread and the tate  Family support  Examples: Past due   | ic information n, including whether y filed the returns x years   | upport, child support, maintenance                                      | State:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                               |
| 28.   | Tax refunds owed to No  Yes. Give specification about their you alread and the tate  Family support  Examples: Past due  | ic information n, including whether y filed the returns x years   | upport, child support, maintenance                                      | State: Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                               |
| 28.   | Tax refunds owed to No  Yes. Give specification about their you alread and the tate  Family support  Examples: Past due  | ic information n, including whether y filed the returns x years   | upport, child support, maintenance                                      | State:  Local: e, divorce settlement, property settlemen   | portion you own?  Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                              |
| 28.   | Tax refunds owed to No  Yes. Give specification about their you alread and the tate  Family support  Examples: Past due  | ic information n, including whether y filed the returns x years   | upport, child support, maintenance                                      | State: Local: e, divorce settlement, property settlemen Alimony:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t                            |
| 28.   | Tax refunds owed to No  Yes. Give specification about their you alread and the tate  Family support  Examples: Past due  | ic information n, including whether y filed the returns x years   | upport, child support, maintenance                                      | State: Local: e, divorce settlement, property settlemen Alimony: Maintenance:                              | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00                        |
| 28.   | Tax refunds owed to   ✓ No  Yes. Give specification about their you alread and the tax  Family support Examples: Past due  ✓ No  Yes. Give specification are considered as a   | ic information n, including whether y filed the returns x years   | upport, child support, maintenance                                      | State: Local: e, divorce settlement, property settlemen Alimony: Maintenance: Support:                     | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00        |
| 29.   | Tax refunds owed to No Yes. Give specification about their you alread and the tax  Family support Examples: Past due  No Yes. Give specification of the support in the supp | ic information n, including whether y filed the returns x years  or lump sum alimony, spousal su ic information | nts, disability benefits, sick pay, va                                  | State: Local: e, divorce settlement, property settlemen Alimony: Maintenance: Support: Divorce settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds owed to No Yes. Give specification about their you alread and the tate of the tax and the  | ic information m, including whether y filed the returns x years  or lump sum alimony, spousal su ic information | nts, disability benefits, sick pay, va                                  | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:                     | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds owed to No Yes. Give specification about their you alread and the tax  Family support Examples: Past due  No Yes. Give specification of the support in the supp | ic information m, including whether y filed the returns x years  or lump sum alimony, spousal su ic information | nts, disability benefits, sick pay, va                                  | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:                     | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 |

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 17 of 82

| Deb <sup>-</sup> | tor 1 James                                      |                           | Smith  | Case number (if known)                            |  |
|------------------|--|---------------------------|--|---|--|
|                  | First Name                                       | Middle Name               | Last Name  |   |  |
| 31.              | Interests in insurance Examples: Health, disab   |                           | Ith savings account (HSA); credit,                                 | homeowner's, or renter's insurance                |  |
|                  | Yes. Name the insu                               |                           | Company name:  | Beneficiary:                                      | Surrender or refund value:   |
| 32.              |  |                           |  | icy, or are currently entitled to receive         |  |
|                  | ✓ No Yes. Describe                               |                           |  |   |  |
| 33.              |  |                           | you have filed a lawsuit or mad<br>rrance claims, or rights to sue | e a demand for payment                            |  |
| 34.              | Other contingent and to set off claims           | unliquidated claims of    | every nature, including counte                                     | rclaims of the debtor and rights                  |  |
|                  | No Yes. Describe                                 |                           |  |   |  |
| 35.              | Any financial assets y                           | ou did not already list   |  |   |  |
|                  | Yes. Describe                                    |                           |  |   |  |
| 36.              |  | •                         | n Part 4, including any entries                                    |   | \$500.00   |
| Part             | 5: Describe Any B                                | usiness-Related Pro       | perty You Own or Have an   | Interest In. List any real estate in Part         | 1.   |
| 37.              |  |                           | erest in any business-related p                                    |   |  |
| 07.              | No. Go to Part 6.  Yes. Go to line 38.           | ny iogai oi oquitable iii | oloce in any basiness rotates ,                                    | Ci<br>pr<br>Di                                    | urrent value of the ortion you own? o not deduct secured claims exemptions |
| 38.              | Accounts receivable                              | or commissions you alre   | eady earned  | Ŭ.  | exemplions   |
|                  | Ves. Describe                                    |                           |  |   |  |
| 39.              | Office equipment, furn<br>Examples: Business-rel |                           | , modems, printers, copiers, fax n                                 | nachines, rugs, telephones, desks, chairs, electr | onic devices   |
|                  | ✓ No Yes. Describe                               |                           |  |   |  |
|                  |  |                           |  |   |  |

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 18 of 82

| Deb      | tor 1 James                                     |   | Case number (if known)     |                              |
|----------|---|---|----------------------------|------------------------------|
|          | First Name                                      | Middle Name Last Name   |                            |                              |
| 40.      | Machinery, fixtures, equipr                     | nent, supplies you use in business, and tools of your trade                           |                            |                              |
|          | <b>✓</b> No                                     |   |                            |                              |
|          | Yes. Describe                                   |   |                            |                              |
|          |   |   |                            |                              |
|          |   |   |                            |                              |
| 41.      | Inventory                                       |   |                            |                              |
|          | <b>✓</b> No                                     |   |                            |                              |
|          | Yes. Describe                                   |   |                            |                              |
|          |   |   |                            |                              |
|          |   | _   | ·                          |                              |
| 42.      | Interests in partnerships or                    | joint ventures  |                            |                              |
|          | ✓ No  |   |                            |                              |
|          |   | Name of entity:   | % of ownership:            |                              |
|          | Yes. Give specific information about            |   |                            |                              |
|          | them  |   |                            |                              |
|          |   |   |                            | <u> </u>                     |
|          |   |   |                            |                              |
| 43 (     | Customer lists, mailing lists,                  | or other compilations   |                            | <del></del>                  |
| 10.      |   | or other compliations   |                            |                              |
|          | ✓ No  |   |                            |                              |
|          | Yes. Do your lists include                      | e personally identifiable information (as defined in 11 U.S.C. § 10                   | 01(41A))?                  |                              |
|          | ☐ No  |   |                            |                              |
|          | Yes. Describe                                   |   |                            |                              |
|          | Tes. Describe                                   |   |                            |                              |
| 44.      | Any business-related prope                      | erty you did not already list   |                            |                              |
|          | - N   |   |                            |                              |
|          | <b>✓</b> No                                     |   |                            | <u> </u>                     |
|          | Yes. Give specific                              |   |                            |                              |
|          | information                                     |   |                            |                              |
|          |   |   |                            | <u> </u>                     |
|          |   |   |                            |                              |
|          |   |   |                            | <del></del> _                |
|          |   |   |                            | <u> </u>                     |
|          |   |   |                            |                              |
|          |   |   |                            |                              |
| 45. A    | dd the dollar value of all of v                 | your entries from Part 5, including any entries for pages yo                          | u have attached            |                              |
|          |   | e   |                            |                              |
| <u> </u> |   |   |                            |                              |
| Part     | Describe Any Farm- If you own or have an intere | and Commercial Fishing-Related Property You Ow<br>est in farmland, list it in Part 1. | vn or Have an Interest In. |                              |
| 46.      | Do you own or have any lea                      | gal or equitable interest in any farm- or commercial fishing                          | -related property?         |                              |
|          |   | ,a. o. oquitable interest in any iain. o. ocinineralia italia                         |                            | Current value of the         |
|          | No. Go to Part 7.                               |   |                            | portion you own?             |
|          | Yes. Go to line 47.                             |   |                            | Do not deduct secured claims |
|          |   |   |                            | or exemptions                |
| 47.      | Farm animals Examples: Livestock, poultry       | farm-raised fish  |                            |                              |
|          | LAMITPIGS. LIVESTOCK, POURTY                    | , iaiiii-iaiseu listi   |                            |                              |
|          | <b>✓</b> No                                     |   |                            |                              |
|          | Yes. Describe                                   |   |                            |                              |
|          |   |   |                            |                              |

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 19 of 82

| Deb          | tor 1 James                    | Mariana Maria   | Smith                      | Case number (if known)         |             |
|--------------|--------------------------------|---|----------------------------|--------------------------------|-------------|
|              | First Name                     | Middle Name   | Last Name                  |                                |             |
| 48.          | Crops-either growing           | or harvested  |                            |                                |             |
|              | <b>✓</b> No                    |   |                            |                                |             |
|              | Yes. Describe                  |   |                            |                                |             |
|              |                                |   |                            |                                |             |
| 40           |                                |   |                            |                                |             |
| 49.          | Farm and fishing equip         | pment, implements, machinery, fi                                  | xtures, and tools of trade | •                              |             |
|              | <b>✓</b> No                    |   |                            |                                |             |
|              | Yes. Describe                  |   |                            |                                |             |
|              | l                              |   |                            |                                |             |
| 50           | Farm and fishing supp          | lies, chemicals, and feed   |                            |                                |             |
|              | _                              | ,,  |                            |                                |             |
|              | No No                          |   |                            |                                |             |
|              | Yes. Describe                  |   |                            |                                |             |
|              |                                |   |                            |                                |             |
| 51.          | Any farm- and comme            | rcial fishing-related property you                                | did not already list       |                                |             |
|              | <b>✓</b> No                    |   |                            |                                |             |
|              | Yes. Describe                  |   |                            |                                |             |
|              |                                |   |                            |                                |             |
|              | -                              |   |                            | _                              |             |
| 52. A        | dd the dollar value of a       | II of your entries from Part 6, incl                              | uding any entries for pag  | es you have attached           |             |
| for Pa       | art 6. Write that numbe        | r here  |                            |                                |             |
|              |                                |   |                            | <u> </u>                       |             |
|              |                                |   |                            |                                |             |
|              |                                |   |                            |                                |             |
| Part         | -                              | perty You Own or Have an In                                       |                            | I NOT LIST Above               |             |
| 53.          |                                | perty of any kind you did not alrea<br>s, country club membership | ady list?                  |                                |             |
|              |                                | s, country dub membersinp   |                            |                                |             |
|              | ✓ No                           |   |                            |                                |             |
|              | Yes. Give specific information |   |                            |                                |             |
|              |                                |   |                            |                                |             |
|              |                                |   |                            |                                |             |
|              |                                |   |                            | ,                              |             |
| 54. A        | dd the dollar value of a       | II of your entries from Part 7. Writ                              | e that number here         |                                | •           |
|              |                                |   |                            |                                |             |
|              |                                |   |                            |                                |             |
|              |                                |   |                            |                                |             |
|              |                                |   |                            |                                |             |
| Part         | 8: List the Totals of          | f Each Part of this Form  |                            |                                |             |
|              |                                |   |                            |                                |             |
| 55. <b>I</b> | Part 1: Total real estate      | e, line 2   |                            | <b>&gt;</b>                    | <u> </u>    |
|              |                                | _   |                            |                                |             |
|              | part 2 total vehicles, lin     |   | -                          | <del></del>                    |             |
| 57. <b>P</b> | art 3: Total personal ar       | nd household items, line 15                                       | \$2450.00                  | <u></u>                        |             |
| 58. <b>P</b> | art 4: Total financial as      | ssets, line 36  | \$500.00                   |                                |             |
| 59. <b>I</b> | Part 5: Total business-r       | elated property, line 45  | <del>.</del>               | <del>_</del>                   |             |
|              |                                |   |                            | <u> </u>                       |             |
|              |                                | fishing-related property, line 52                                 |                            | <u> </u>                       |             |
| 61. <b>I</b> | Part 7: Total other prop       | erty not listed, line 54  |                            | <u></u>                        |             |
| 62. <b>-</b> | Total personal property        | . Add lines 56 through 61   | \$2950.00                  |                                | + \$2950.00 |
|              |                                |   | Ψ2000.00                   | Copy personal property total ► | . 42000.00  |
|              |                                |   |                            |                                | \$2050.00   |
| 63 <b>T</b>  | otal of all property on S      | Schedule A/B. Add line 55 + line 62                               |                            |                                | \$2950.00   |
|              | p. oporty on t                 |   |                            |                                |             |

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Page 20 of 82 Document

| Fill in this infor  | rmation to identify your o | case:           |                      |                                   |
|---------------------|----------------------------|-----------------|----------------------|-----------------------------------|
| Debtor 1            | James                      |                 | Smith                |                                   |
|                     | First Name                 | Middle Name     | Last Name            |                                   |
| Debtor 2            |                            |                 |                      |                                   |
| (Spouse, if filing) | First Name                 | Middle Name     | Last Name            |                                   |
| United States I     | Bankruptcy Court for the:  | Northern        | District of Illinois |                                   |
|                     |                            |                 | (State)              |                                   |
| Case number         |                            |                 |                      |                                   |
| , ,                 | Form 106C                  |                 |                      | Check if this is a amended filing |
| Official            | 1 01111 1000               |                 |                      |                                   |
| Schedul             | e C: The Prop              | perty You Clain | n as Exempt          | 04/1                              |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Clair   | n as Exempt   |   |                                    |
|----|---|---|---|------------------------------------|
| 1. | Which set of exemptions are you claim   | ing? Check one only, ev   | ven if your spouse is filing with you.  |                                    |
|    | You are claiming state and federal  | nonbankruptcy exemp   | otions. 11 U.S.C. § 522(b)(3)   |                                    |
|    | You are claiming federal exemption  | ns. 11 U.S.C. § 522(b)(   | 2)  |                                    |
| 2. | For any property you list on Schedule A   | /B that you claim as e  | xempt, fill in the information below.   |                                    |
|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption |
|    | Brief description: Checking account, Bank of America Line from Schedule A/B: 17     | \$0.00  | \$0  100% of fair market value, up to any applicable statutory limit                                | 735 ILCS 5/12-1001(b)              |
|    | Brief   |   |   | 735 ILCS 5/12-1001(a)              |
|    | description:  | \$250.00  | \$250.00  |                                    |
|    | Used Clothing Line from Schedule A/B: 11  |   | 100% of fair market value, up to any applicable statutory limit                                     | _                                  |
| 3. | ✓ No  | ery 3 years after that for  | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? |                                    |

### Entered 10/10/19 15:15:55 Desc Main Doc 1 Case 19-28911 Filed 10/10/19 Document Page 21 of 82

Smith Debtor 1 James Case number (if known) First Name Middle Name Last Name **Additional Page** Part 2: Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$0.00 description:  $\checkmark$ \$0 Other financial account, 100% of fair market value, up to any Source One Credit Union applicable statutory limit Line from Schedule A/B: 17 735 ILCS 5/12-1006 Brief \$500.00 description:  $\overline{}$ \$500.00 401(k) or similar plan, 100% of fair market value, up to any Through Employer applicable statutory limit Line from Schedule A/B: 21 735 ILCS 5/12-1001(b) Brief description: \$500.00  $\overline{}$ \$500.00 **Bedroom Set** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 06 Brief 735 ILCS 5/12-1001(b) \$1,200.00 description: \$1,200.00 iPhone 8 Plus, Two 100% of fair market value, up to any Televisions, Playstation applicable statutory limit Four Line from Schedule A/B: 07 735 ILCS 5/12-1001(b) Brief \$500.00 description:

 $\checkmark$ 

\$500.00

100% of fair market value, up to any

applicable statutory limit

Necklace, Earrings

12

Line from

Schedule A/B:

## Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 22 of 82

|                                    |   | DC   | cument 1 age 22 of  | 02  |   |                                    |
|------------------------------------|---|--|---|---|---|------------------------------------|
| Fill in this                       | information to identify your cas  | se:  |   |   |   |                                    |
| Debtor 1                           | James   |  | Smith   |   |   |                                    |
| Dalatana                           | First Name  | Middle Name  | Last Name   |   |   |                                    |
| Debtor 2<br>(Spouse, if fil        | ling) First Name  | Middle Name  | Last Name   |   |   |                                    |
| United Sta                         | ates Bankruptcy Court for the:  | Northern   | District of Illinois (State)  |   |   |                                    |
| Case num                           | ber   |  | (State)   |   |   |                                    |
| Offici                             | al Form 106D  |  |   | _   |   | heck if this is a<br>mended filing |
| Sche                               | dule D: Credito   | ors Who Ha   | ve Claims Secur   | ed by Prop  | erty  | 12/1                               |
| Be as com<br>more spac<br>name and | plete and accurate as possible is needed, copy the Additio case number (if known).  | le. If two married peopl<br>nal Page, fill it out, nur   | e are filing together, both are equinber the entries, and attach it to  | ally responsible for s  | upplying correct infor                                |                                    |
|                                    | any creditors have claims se  |  |   |   |   |                                    |
|                                    |   |  | with your other schedules. You ha   | ve nothing else to rep  | ort on this form.                                     |                                    |
| <u> </u>                           | Yes. Fill in all of the information   | ı below.   |   |   |   |                                    |
| Part 1:                            | List All Secured Claims   |  |   |   |   |                                    |
| sep                                | Part 2. As much as possible, list   | an one creditor has a par  | cured claim, list the creditor<br>ticular claim, list the other creditors<br>order according to the creditor's    | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any  |
| Cred 54                            | URCEONE CREDIT UNION ditor's Name 2 S Dearborn St Ste 410 Number Street  icago IL 60605 State ZIP Code to owes the debt? Check one. Debtor 1 only Debtor 2 only | InstallmentLoan  As of the date you file Contingent Unliquidated Disputed  Nature of lien. Check | that secures the claim:  the claim is: Check all that apply.  all that apply.  made (such as mortgage or secured) | <u>\$346.00</u>   | \$0.00  | \$346.00                           |
|                                    | Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt te debt was                 | car loan)  | as tax lien, mechanic's lien) n a lawsuit ight to offset)   |   |   |                                    |
|                                    | Add the dollar value of y   | our entries in Column A  | A on this page. Write that number   | \$346.00  |   |                                    |

here:

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 23 of 82

| Fill in this infor   |   |   |  |  |   |
|--|---|---|--|--|---|
|  | mation to identify your ca  | ise:  |  |  |   |
| Debtor 1   | James   | Midala Nava   | Smith  | _  |   |
| Dalata v O   | First Name  | Middle Name   | Last Name  |  |   |
| Debtor 2<br>(Spouse, if filing)  | First Name  | Middle Name   | Last Name  | _  |   |
| United States I  | Bankruptcy Court for the:   | Northern  | District of Illinois (State)   | _  |   |
| Case number  |   |   |  | _  |   |
| Official F   | orm 106E/F  |   |  |  | Check if this is an amended filing  |
|  |   | ditors Who  | Have Unsecu  | red Claims   | 12/15   |
| other party to<br>Form 106A/B)<br>claims that are<br>the entries in t<br>known). | any executory contracts<br>and on Schedule G: Exe<br>e listed in Schedule D: C<br>the boxes on the left. At | or unexpired leases that<br>cutory Contracts and Une<br>reditors Who Hold Claims<br>ach the Continuation Pa | could result in a claim. Also<br>expired Leases (Official Form<br>Secured by Property. If more | list executory contracts of<br>106G). Do not include any<br>e space is needed, copy th | NONPRIORITY claims. List the on Schedule A/B: Property (Official y creditors with partially secured ne Part you need, fill it out, number ite your name and case number (if |
| Part 1: List   | All of Your PRIORITY  | Unsecured Claims  |  |  |   |
| 1. Do any c  | reditors have priority un<br>Go to Part 2.  | ' Unsecured Claims secured claims against y   | ou?  |  |   |

Total

claim

Priority

amount

Nonpriority

amount

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 24 of 82

Debtor 1 James Smith Case number (if known) First Name Middle Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **V** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 AMER FST FIN \$882.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 12/2018 PO Box 565848 Number Street As of the date you file, the claim is: Check all that apply. Contingent Dallas 75356-5848 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only  $\square$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? 18 InstallmentLoan **✓** No Yes Chase Bank 4.2 \$300.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 15298 n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Wilmington Delaware 19850 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify \_ **NSF Fees** Is the claim subject to offset? **V** No Checksystems 4.3 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 7805 Hudson Road, Suite 100 Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 55125 Minnesota Saint Paul City Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Notice Only Is the claim subject to offset? **✓** No

## Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 25 of 82

 Debtor 1 First Name
 James
 Smith Smith Last Name
 Case number (if known)

 First Name
 Middle Name
 Last Name

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation                | n Page  |             |
|--------|---|---|-------------|
|        | After listing any entries on this page, number them beginning w | ith 4.5, followed by 4.6, and so forth.   | Total claim |
| 4.4    | City of Chicago - Parking and red Light Tickets                 | Last 4 digits of account number   | \$4,000.00  |
|        | Nonpriority Creditor's Name<br>121 N. LaSalle Street            | When was the debt incurred? n/a   |             |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|        |   | - Contingent  |             |
|        | Chicago COCOO   | Unliquidated  |             |
|        | ChicagoIllinois60602CityStateZip Code                           | _ Disputed  |             |
|        | Who incurred the debt? Check one.  Debtor 1 only                | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | At least one of the debtors and another                         | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Check if this claim relates to a community debt                 | Other. Specify Parking Tickets  |             |
|        | Is the claim subject to offset?                                 |   |             |
|        | <b>✓</b> No   |   |             |
|        | Yes   |   |             |
| 4.5    | Comcast (Xfinity)   | Last 4 digits of account number   | \$500.00    |
|        | Nonpriority Creditor's Name<br>P.O. Box 3001                    | When was the debt incurred? n/a   |             |
|        | Number Street   | <del></del>   |             |
|        |   | As of the date you file, the claim is: Check all that apply.  — Contingent                              |             |
|        |   | <b>=</b> *  |             |
|        | Southeastern Pennsylvania 19398                                 | Unliquidated  |             |
|        | City State Zip Code Who incurred the debt? Check one.           | Disputed  |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | At least one of the debtors and another                         | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Check if this claim relates to a community debt                 | Other. Specify Cable Bill   |             |
|        | Is the claim subject to offset?                                 |   |             |
|        | ✓ No  |   |             |
|        | Yes   |   |             |
| 4.6    | Commonwealth Edison Company Attn: Bankruptcy Department         | Last 4 digits of account number   | \$200.00    |
|        | Nonpriority Creditor's Name<br>1919 Swift Drive                 | When was the debt incurred? n/a   |             |
|        | Number Street   |   |             |
|        |   | As of the date you file, the claim is: Check all that apply.  — Contingent                              |             |
|        |   | <b>=</b> *  |             |
|        | Oak Brook Illinois 60523  | Unliquidated  |             |
|        | City State Zip Code  Who incurred the debt? Check one.          | Disputed  |             |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|        | Debtor 2 only   | Student loans   |             |
|        | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | At least one of the debtors and another                         | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Check if this claim relates to a community debt                 | Other. Specify Electricity Bill   |             |
|        | Is the claim subject to offset?                                 |   |             |
|        | <b>✓</b> No   |   |             |
|        | Yes   |   |             |

## Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 26 of 82

 Debtor 1 First Name
 James
 Smith
 Case number (if known)

 Last Name
 Last Name

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation  | on Page  |             |
|--------|---|--|-------------|
|        | After listing any entries on this page, number them beginning w   | vith 4.5, followed by 4.6, and so forth.   | Total claim |
| 4.7    | Credit Acceptance Corp<br>Nonpriority Creditor's Name<br>c/o Weber & Olcese PLC   | Last 4 digits of account number 5213 When was the debt incurred? 6/2016  | \$7,565.00  |
|        | Number Street 3250 W. Big Beaver Rd. Ste. 124   | As of the date you file, the claim is: Check all that apply.  Contingent   |             |
|        | Troy Michigan 48084 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  | Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify 051 Automobile  |             |
| 4.8    | Yes  ENHANCED RECOVERY CO L  Nonpriority Creditor's Name  | — Last 4 digits of account number5938  | \$1,435.00  |
|        | S014 BAYBERRY RD Number Street  JACKSONVILLE Florida 32256 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes   | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Onl Collection; Collecting for ORIGINAL CREDITOR: SPRINT |             |
| 4.9    | Fifth Third Bank Bankruptcy Dept Nonpriority Creditor's Name 1830 East Paris S.E., MS # RSCB3E Number Street  Grand Rapids Michigan 49546 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes | When was the debt incurred?  | \$420.00    |

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 27 of 82

Debtor 1 James Smith Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 IL Tollway \$200.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 2700 Ogden Ave Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60515 Downers Grove Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Toll Violations Is the claim subject to offset? No Yes Ingall's Hospital \$400.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a One Ingalls Drive As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Harvey Illinois 60426 Disputed City State Zip Code Who incurred the debt? Check one Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Medical Bill Is the claim subject to offset? **✓** No Yes Nicor Gas 4.12 \$300.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 0632 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60507 Aurora City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Gas Bill

✓ No ☐ Yes

Is the claim subject to offset?

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 28 of 82

Debtor 1 James Smith Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 People's Gas Light & Coke Co. \$300.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 200 E. Randolph Street Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60601 Illinois Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_ Gas Bill Is the claim subject to offset? No Yes Progressive Leasing \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 10619 South Jordan Gateway # 100 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated South Jordan Utah 84095 Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Furniture Is the claim subject to offset? **✓** No Yes SOURCEONE CREDIT UNION 4.15 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2/2019 542 S Dearborn St Ste 410 Number Street As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60605 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ InstallmentLoan Is the claim subject to offset?

✓ No Yes

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 29 of 82

Smith Debtor 1 James Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page **Total claim** After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. SOURCEONE CREDIT UNION 4.16 \$0.00 Last 4 digits of account number 0001 Nonpriority Creditor's Name When was the debt incurred? 10/2018 542 S Dearborn St Ste 410 Number Street As of the date you file, the claim is: Check all that apply. Contingent 60605 Chicago Illinois Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ InstallmentLoan Is the claim subject to offset? ◪ **✓** No Yes 4.17 Speedy Cash - Bankruptcy \$800.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 780408 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Attn: Bankruptcy Contingent Unliquidated Wichita 67278 Kansas Citv State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Payday Loan

Is the claim subject to offset?

✓ No Yes

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 30 of 82

Smith Debtor 1 James Case number (if known) First Name Middle Name Last Name List Others to Be Notified About a Debt That You Already Listed Part 3: Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Sprint Corp. Attn Bankruptcy Dept On which entry in Part 1 or Part 2 did you list the original creditor? Name of (Check PO Box 7949 Line 4.8 Part 1: Creditors with Priority Unsecured Claims Street one): Number Part 2: Creditors with Nonpriority Unsecured Overland Park Kansas 66207 Last 4 digits of account number 5938 Zip Code City State HARRIS & HARRIS LTD On which entry in Part 1 or Part 2 did you list the original creditor? Name 111 W JACKSON BLVD S-400 of (Check Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured CHICAGO Illinois 60604 Last 4 digits of account number

City

State

Zip Code

## Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 31 of 82

Debtor 1 James Smith Case number (if known)

| TIISLINA                 | ne middle Name Last Name  |         |                      |         |
|--------------------------|---|---------|----------------------|---------|
| Part 4: Add tl           | ne Amounts for Each Type of Unsecured Claim   |         |                      |         |
|                          | nmounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.  | s for s | tatistical reporting | purpose |
|                          |   |         | Total claims         |         |
| Total claims from Part 1 | 6a. Domestic support obligations.   | 6a.     | \$0.00               |         |
|                          | 6b. Taxes and certain other debts you owe the government  | 6b.     | \$0.00               |         |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c.     | \$0.00               |         |
|                          | 6d. Other. Add all other priority unsecured claims. Write that  | 6d.     | \$0.00               |         |
|                          | amount here.  6e. Total. Add lines 6a through 6d.   | 6e.     | \$0.00               |         |
|                          | oo loo aa a  |         |                      |         |
|                          |   |         | Total claims         |         |
| Total claims from Part 2 | 6f. Student loans   | 6f.     | \$0.00               |         |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.     | \$0.00               |         |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.     | \$0.00               |         |
|                          | Other. Add all other nonpriority unsecured claims. Write that amount here.                                  | 6i.     | \$18,302.00          |         |
|                          | 6i Total Add lines 6f through 6i  | 6i      | \$18,302.00          |         |

## Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 32 of 82

| Fill in this information to identify your case: |                           |             |                              |  |
|---|---------------------------|-------------|------------------------------|--|
| Debtor 1  | James                     |             | Smith                        |  |
|   | First Name                | Middle Name | Last Name                    |  |
| Debtor 2  |                           |             |                              |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |
| Case number (If known)                          |                           |             | (=====                       |  |

### Official Form 106G

### Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or compa                            | any with whom you have | the contract or lease | State what the contract or lease is for                                |  |  |  |  |
|-----|--|------------------------|-----------------------|--|--|--|--|--|
| 2.1 | Dream Property M<br>Name<br>14131 S. Tracy | lanagement, LLC        |                       | Residential Lease,<br>Debtor is Lessee,<br>Residential Lease Agreement |  |  |  |  |
|     | Number Street Riverdale Illinois           |                        | 60827                 |  |  |  |  |  |
|     | City                                       | State                  | Zip Code              |  |  |  |  |  |

## Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 33 of 82

|                                 |                          | 20                              | cament rage (                 | 30 01 02   |
|---------------------------------|--------------------------|---------------------------------|-------------------------------|--|
| Fill in this info               | rmation to identify your | case:                           |                               |  |
| Debtor 1                        | James                    |                                 | Smith                         |  |
|                                 | First Name               | Middle Name                     | Last Name                     |  |
| Debtor 2<br>(Spouse, if filing) | First Name               | Middle Name                     | Last Name                     | <del></del>  |
| United States                   | Bankruptcy Court for the | e: Northern                     | District of Illinois          |  |
|                                 |                          |                                 | (State)                       |  |
| Case number (If known)          |                          |                                 |                               |  |
| Official                        | Form 106U                |                                 |                               | Check if this is an amended filing   |
| Official                        | Form 106H                | <u>.</u>                        |                               |  |
| Schedul                         | e H: Your Co             | debtors                         |                               | 12/15  |
| 1. Do you h                     |                          | you are filing a joint case, do |                               |  |
| Idaho, Lo                       |                          | exico, Puerto Rico, Texas, W    |                               | Community property states and territories include Arizona, California,   |
| Yes                             | . Did your spouse, form  | mer spouse, or legal equiva     | lent live with you at the tim | e?   |
|                                 | Yes. In which commu      | nity state or territory did you | ı live?                       | Fill in the name and current address of that person.   |
|                                 | Name of your spouse      | , former spouse, or legal equ   | ivalent                       | <del></del>  |
|                                 | Number Street            |                                 |                               | <u> </u>   |
|                                 | City                     | State                           | Zip Code                      | <del></del>  |
| again as                        | a codebtor only if that  | person is a guarantor or c      | osigner. Make sure you ha     | our spouse is filing with you. List the person shown in line 2 we listed the creditor on Schedule D (Official Form 106D), ule D, Schedule E/F, or Schedule G to fill out Column 2. |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 34 of 82

|  |  |   |   | 3-3-              |                        |   |  |  |
|--|--|---|---|-------------------|------------------------|---|--|--|
| Fill in this inform  | nation to identify                     | your case:  |   |                   |                        |   |  |  |
|  | mes                                    |   | Smith   |                   | _                      |   |  |  |
|  | st Name                                | Middle Name   | Last Na   | ame               | Che                    | eck if this is:   |  |  |
| Debtor 2 (Spouse, if filing) Fir                                   | et Name                                | Middle Name   | Last Na   | ama               | - I □                  | An amended filing   |  |  |
|  |  |   |   |                   |                        | A supplement showing post-petition chapter 1  |  |  |
| United States Bar the:   | kruptcy Court for                      | Northern  | District of Illin   | nois<br>tate)     |                        | expenses as of the following date:  |  |  |
| Case number  |  |   | (3  | iaie)             |                        |   |  |  |
| (If known)   |  |   |   |                   | _                      | MM / DD / YYYY  |  |  |
| Official Fo  | rm 106l                                |   |   |                   |                        |   |  |  |
| Schedule   | I: Your In                             | come  |   |                   |                        | 12/1  |  |  |
| information abouses of more some some some some some some some som | ut your spouse. I<br>space is needed   | f you are separated and<br>, attach a separate she<br>y question. | d your spous  | e is not filing   | with you, do           | r spouse is living with you, include<br>not include information about your<br>ional pages, write your name and case |  |  |
| 1. Fill in your en   | nployment                              |   | Debtor 1  |                   |                        | Debtor 2  |  |  |
| information.   |  | Employment status   |   |                   |                        |   |  |  |
| •  | ore than one job,                      | Employment status   | <b>✓</b> Emplo  | -                 |                        | Employed  |  |  |
| attach a separa<br>information ab                                  |  |   | ☐ Not En  | nployed           |                        | Not Employed  |  |  |
| employers.   | out additional                         | Occupation  | Fleet   |                   |                        |   |  |  |
| Include part tin   | ne, seasonal, or                       | Employer's name   | AGB Investigative Services Inc.  2033 West 95th Street  Number Street |                   |                        |   |  |  |
| self-employed  | work.                                  | Employer's address  |   |                   |                        |   |  |  |
| Occupation ma<br>or homemaker                                      | ay include student<br>, if it applies. |   |   |                   |                        | Number Street   |  |  |
|  |  |   | Chicago<br>City   | Illinois<br>State | 60643<br>Zip Code      | City Ctoto Zin Codo   |  |  |
|  |  |   | •   |                   | Zip Code               | City State Zip Code   |  |  |
|  |  | How long employed there?  | 3 years 7 r   | nonths            |                        |   |  |  |
| Part 2: Give D   | Details About N                        | Nonthly Income  |   |                   |                        |   |  |  |
| Estimate month spouse unless yo                                    | nly income as of to                    | the date you file this form                                       |   |                   | •                      | write \$0 in the space. Include your non-filing or that person on the lines below. If you need                      |  |  |
| more space, atta   | ch a separate she                      | et to this form.  |   | For               | Debtor 1               | For Debtor 2 or non-filing spouse   |  |  |
|  |  |   |   |                   |                        | 3 op 2000   |  |  |
|  | •                                      | ary, and commissions (befor<br>, calculate what the monthly v     |   | 2.                | \$3,019.68             |   |  |  |
| deductions.)<br>be.  | •                                      | , calculate what the monthly w                                    |   | 3.                | \$3,019.68<br>+ \$0.00 |   |  |  |

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 35 of 82

| Deb                   | otor 1James<br>First Name                   |   |               | Case number | imber (if                  |                                       |       |                                     |
|-----------------------|---|---|---------------|-------------|----------------------------|---------------------------------------|-------|-------------------------------------|
|                       | riist Name                                  | Wildlie Name  | Last Name     |             | known) For Debtor 1        | For Debtor 2 or non-filing spouse     |       |                                     |
| C                     | opy line 4 here                             |   | $\rightarrow$ | 4.          | \$3,019.68                 |                                       |       |                                     |
|                       | st all payroll dedu                         |   |               |             |                            |                                       |       |                                     |
|                       |   | and Social Security deductions  |               | 5a.         | \$553.52                   |                                       |       |                                     |
| 5                     | b. Mandatory con                            | tributions for retirement plans   |               | 5b.         | \$0.00                     |                                       |       |                                     |
| 5                     | c. Voluntary contr                          | ibutions for retirement plans   |               | 5c.         | \$54.17                    |                                       |       |                                     |
| 5                     | d. Required repay                           | ments of retirement fund loans  |               | 5d.         | \$0.00                     |                                       |       |                                     |
| 5                     | e. Insurance                                |   |               | 5e.         | \$95.85                    |                                       |       |                                     |
| 5                     | f. Domestic suppo                           | ort obligations   |               | 5f.         | \$0.00                     |                                       |       |                                     |
| 5                     | g. <b>Union dues</b>                        |   |               | 5g.         | \$0.00                     |                                       |       |                                     |
| 5                     | h. Other deductio                           | ns. Specify:  |               | 5h. +       | \$0.00 +                   | · · · · · · · · · · · · · · · · · · · |       |                                     |
| 6. <b>A</b> c<br>+5h. |   | <b>luctions.</b> Add lines 5a + 5b + 5c + 5d + 5e +5  | of + 5g       | 6.          | \$703.54                   |                                       |       |                                     |
| 7. <b>C</b> a         | alculate total mor                          | nthly take-home pay. Subtract line 6 from line  | e 4.          | 7.          | \$2,316.15                 |                                       |       |                                     |
| 8. <b>Li</b>          | st all other incom                          | e regularly received:   |               |             |                            |                                       |       |                                     |
| 8                     | business, profes                            | -   |               |             |                            |                                       |       |                                     |
|                       |   | nt for each property and business showing rdinary and necessary business expenses, and  | t             |             |                            |                                       |       |                                     |
|                       | the total monthly                           | net income.   |               | 8a.         | \$0.00                     |                                       |       |                                     |
| 8                     | b. Interest and div                         | vidends   |               | 8b.         | \$0.00                     |                                       |       |                                     |
| 8                     | dependent regu                              | -   |               |             |                            |                                       |       |                                     |
|                       |   | spousal support, child support, maintenance,<br>nt, and property settlement.  | ,             | 8c.         | \$0.00                     |                                       |       |                                     |
| 8                     | d. Unemployment                             | compensation  |               | 8d.         | \$0.00                     |                                       |       |                                     |
| 8                     | e. Social Security                          |   |               | 8e.         | \$0.00                     |                                       |       |                                     |
| 8                     | Include cash assi<br>cash assistance t      | ent assistance that you regularly receive istance and the value (if known) of any non-hat you receive, such as food stamps (benefits mental Nutrition Assistance Program) or se |               | 8f.         | \$0.00                     |                                       |       |                                     |
| 8                     | g. Pension or reti                          | rement income   |               | 8g.         | \$0.00                     |                                       |       |                                     |
| 8                     | h. Other monthly                            | income. Specify:  |               | 8h. +       | \$0.00 +                   |                                       |       |                                     |
| 9. <b>A</b> d         | dd all other incom                          | e Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g   | + 8h.         | 9.          | \$0.00                     |                                       |       |                                     |
|                       |   | income. Add line 7 + line 9.<br>e 10 for Debtor 1 and Debtor 2 or non-filing s  |               | 10.         | \$2,316.15 +               |                                       | =     | \$2,316.15                          |
| lr<br>fr              | nclude contributions<br>iends or relatives. | ular contributions to the expenses that your strom an unmarried partner, members of your amounts already included in lines 2-10 or amo  | r househol    | d, your     | dependents, your roomn     | •                                     | !     |                                     |
| s                     | specify:                                    |   |               |             | •                          |                                       | 11. + | \$0.00                              |
|                       |   | the last column of line 10 to the amount i  |               |             |                            |                                       | 12.   | ¢2 316 15                           |
| V                     | viile liial amount or                       | n the <i>Summary of Schedules and Statistical Su</i>  | uunary of     | Certain .   | Liaviillies and Kelated Da | иа, п и аррпеs                        |       | \$2,316.15  Combined monthly income |
| 13. [                 | No.   | increase or decrease within the year after  | you file th   | nis form    | ?                          |                                       |       | sitting intollie                    |
| L                     | Yes. Explain:                               |   |               |             |                            |                                       |       |                                     |

## Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main

|                                 |   | Doct  | illielit Paye 30 01 62  |                        |                         |                    |
|---------------------------------|---|---|---|------------------------|-------------------------|--------------------|
| Fill in this infor              | mation to identify your c   | ase:  |   |                        |                         |                    |
| Debtor 1                        | James   |   | Smith   |                        |                         |                    |
|                                 | First Name  | Middle Name   | Last Name   | Check if this is:      |                         |                    |
| Debtor 2<br>(Spouse, if filing) | First Name  | Middle Name   | Last Name   | An amended filing      | g                       |                    |
| United States B                 | Bankruptcy Court for the:   | Northern I  | District of Illinois  |                        |                         | etition chapter 13 |
| Case number                     | . ,   |   | (State)   | expenses as of the     | ie following da         | ate:               |
| (If known)                      |   |   |   | MM / DD / YYYY         |                         |                    |
| Official                        | Form 106J   |   |   |                        |                         |                    |
|                                 | -   |   |   |                        |                         |                    |
| Scneaui                         | e J: Your Exp   | <u>enses</u>  |   |                        |                         | 12/15              |
| (if known). Ans                 | more space is needed, a<br>wer every question.<br>cribe Your Househol |   | form. On the top of any additiona                                       | l pages, write your na | me and case             | ; number           |
| 1. Is this a joi                |   |   |   |                        |                         |                    |
|                                 | o to line 2   |   |   |                        |                         |                    |
|                                 | oes Debtor 2 live in a se   | anarate household?                                      |   |                        |                         |                    |
|                                 |   | parate nousenoiu:                                       |   |                        |                         |                    |
| L                               | No Dobtor 2 must file   | Official Forma 106 L 2 Evac                             | nace for Congrete Household of Dobt                                     | or ?                   |                         |                    |
| 2 Do wou hou                    |   |   | nses for Separate Household of Debte                                    | ), Z.                  |                         |                    |
| -                               | · <u> </u>  | es. Fill out this information for                       | Dependentle valetienskip te   | Donandantia            | Doos done               | ndont live         |
| Debtor 2.                       |   | ch dependent  | Dependent's relationship to<br>Debtor 1 or Debtor 2                     | Dependent's<br>age     | Does deper<br>with you? | ndent live         |
|                                 | penses include  | )   |   |                        |                         |                    |
| than                            | Vo  |   |   |                        |                         |                    |
| yourself an<br>dependent        | u youi  |   |   |                        |                         |                    |
| Part 2: Esti                    | mate Your Ongoing N   | Monthly Expenses  |   |                        |                         |                    |
|                                 | of a date after the bank  |   | you are using this form as a supple<br>pplemental Schedule J, check the |                        |                         |                    |
|                                 |   | ash government assistance<br>on Schedule I: Your Income |   |                        | ١                       | Your expenses      |
|                                 | I or home ownership exporthe ground or lot. 4.                        | penses for your residence. In                           | nclude first mortgage payments and                                      |                        | 4.                      | \$800.00           |
|                                 | luded in line 4:  |   |   |                        |                         |                    |
|                                 | state taxes   |   |   |                        | 4a                      | \$0.00             |
| 4b. Prope                       | rty, homeowner's, or rente  | er's insurance  |   |                        | 4b.                     | \$0.00             |

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 37 of 82

 Debtor 1 First Name
 James
 Smith Smith
 Case number (if known)

 Last Name
 Last Name

| 5. Additional mortgage payments for your residence, such as home equity loans         5.         \$0.00           6. Utilities:         6   | First Name                       | Middle Name Last Name   |     |               |
|---|----------------------------------|---|-----|---------------|
| 6. Ullitiles:         6.a. Escircificy, healt, natural gas         6.a. S350.00           6b. Woter, sewer, garbage collection         6b. O. S0.00           6c. Telephone, call phone, internet, satellite, and cable services         6c. S150.00           6c. Other, Specify;         6d. S0.00           7. Food and housekeeping supplies         8. S0.00           8. Childcare and children's education costs         8. S0.00           9. Clothing, laundry, and dry cleaning         9. S100.00           10. Personal care products and services         10. S100.00           11. Medical and cental expenses         11. S0.00           12. Transportation, include gas, maintenance, bus or brain fare.         12. S350.00           Do not include car payments         13. Sincerial ment, clubs, recreation, newspapers, magazines, and books         13. Sincerial ment, clubs, recreation, newspapers, magazines, and books         13. Sincerial ment, clubs, recreation, newspapers, magazines, and books         13. Sincerial ment, clubs, recreation, newspapers, magazines, and books         13. Sincerial ment, clubs, recreation, newspapers, magazines, and books         13. Sincerial ment, clubs, recreation, newspapers, magazines, and books         13. Sincerial ment, clubs, recreation, newspapers, magazines, and books         13. Sincerial ment, clubs, recreation, newspapers, magazines, and books         13. Sincerial ment, clubs, recreation, newspapers, magazines, and books         13. Sincerial ment, clubs, recreation, newspapers, magazines, and books         1   |                                  |   |     | Your expenses |
| 6a. Electricity, heat, natural gas         6a.         \$350.00           6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, coll phone, Internet, stabilitie, and cable services         6c.         \$150.00           6d. Other. Specify:         6d.         \$9.00           7. Food and housekeeping supplies         7.         \$265.00           8. Childcare and children's education costs         9.         \$100.00           10. Personal care products and services         10.         \$100.00           11. Medical and dental expenses         11.         \$80.00           11. Medical and dental expenses         11.         \$80.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$350.00           Do not include acr payments         13.         \$9.00           14. Charitable contributions and religious donations         14.         \$9.00           15. Instrationment, clubs, recreation, newspapers, magazines, and books         15.         \$9.00           15. Instration include language.         15.         \$9.00           15. Life insurance.         15.         \$9.00           15. Which is insurance.         15.         \$9.00           15. Caverace. Do not include taxes deducted from your pay or included in lines 4 or 20.  | 5. Additional mortgage paym      | ents for your residence, such as home equity loans                          | 5.  | \$0.00        |
| 6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$150.00           6d. Other, Specity:         7c.         \$265.00           7c. Food and housekceping supplies         7c.         \$265.00           8c. Childcare and children's education costs         8c.         \$0.00           9c. Chibiting, laundry, and dry cleaning         9c.         \$100.00           9c. Childcare and dental expenses         11c.         \$0.00           11. Medical and dental expenses         11c.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12c.         \$350.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15c.         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15c.         \$0.00           15c. Vehicle insurance         15d.         \$0.00           15c. Vehicle insurance         15d.         \$0.00           15c. Vehicle insurance         15d.         \$0.00           15c. Taxes, Do not include taxes deducted from your pay or included  | 6. Utilities:                    |   |     |               |
| 6c. Telephone, cel phone, Intermet, satellite, and cable services         6c.         \$150.00           6d. Other, Specify:         6d.         \$0.00           7. Food and housekeeping supplies         7.         \$265.00           8. Childcare and children's education costs         8.         \$9.00           9. Clothing, laundry, and dry cleaning         9.         \$100.00           10. Personal care products and services         10.         \$100.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$350.00           Do not include insurance, payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         156.         \$0.00           15. Leath insurance         156.         \$0.00           15c. Vehicle insurance         156.         \$0.00           15c. Vehicle insurance.         156.         \$0.00           15c. Vehicle insurance.         156.         \$0.00           15c. Vehicle insurance.         \$0.00         \$0.00           15c. Vehicle insurance.         \$0.00         \$0.00           15c. Vehicle insurance.         \$0.00         \$  | 6a. Electricity, heat, natural g | gas   | 6a. | \$350.00      |
| 6d. Other. Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$265.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$100.00           10. Personal care products and services         10.         \$100.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$350.00           10. Instruction, Include gas, maintenance, bus or train fare.         12.         \$350.00           10. Instruction, Include gas, maintenance, bus or train fare.         12.         \$350.00           10. Instruction, Include gas, maintenance, bus or train fare.         12.         \$350.00           10. Instruction, Include gas, maintenance, bus or train fare.         12.         \$350.00           10. Instruction, Include gas, maintenance, bus or train fare.         12.         \$350.00           10. Chartertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           15. Instruction and clude descriptions and religious donations         13.         \$0.00           15. Instruction and clude insurance deducted from your pay or included in lines 4 or 20.         \$0.00           15. Leafth insurance<   | 6b. Water, sewer, garbage c      | ollection   | 6b. | \$0.00        |
| 7. Food and housekeeping supplies       7.       \$265.00         8. Childrare and childrar's education costs       8.       \$0.00         9. Clothing, laundry, and dry cleaning       9.       \$100.00         10. Personal care products and services       10.       \$100.00         11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare.       12.       \$350.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance.       15a       \$0.00         Do not include insurance deducted from your pay or included in lines 4 or 20.       15b       \$0.00         15c. Vehicle insurance       15a       \$0.00         15c. Vehicle insurance. Specify:       15d       \$0.00         15c. Vehicle insurance. Specify:       16   | 6c. Telephone, cell phone, I     | nternet, satellite, and cable services                                      | 6c. | \$150.00      |
| 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$100.00 10. Personal care products and services 11. \$0.00 11. Medical and dental expenses 11. \$0.00 11. Medical and dental expenses 11. \$0.00 11. Medical and dental expenses 11. \$0.00 11. Medical and partial expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. Lesible insurance 15c. Vehicle insurance 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Other insurance. Specify:  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 17b. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: Source Credit Union Payment 17d. Other. Specify: Source Credit Union Payment 17d. Other. Specify: Source Credit Union Payment 17d. Other. Specify: Source Credit Union Payment that you did not report as deducted from your pay on line 5, Schedule 1, Your income (Official Form 106i). 18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your income (Official Form 106i). 19. Other specify: Source Credit Union Payment on the with you. 19. \$0.00 20. The real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Montgages on other property 20b. Real estate taxes. 20b. Source Schedule 1, Your incomence of Schedule 1: Your Incomence, and Schedule 20c. Schedule 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance  | 6d. Other. Specify:              |   | 6d  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning       9. \$100.00         10. Personal care products and services       10. \$100.00         11. Medical and dental expenses       11. \$0.00         12. Transportation, Include gass, maintenance, bus or train fare.       12. \$350.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$0.00         14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       15.         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance         15b. Health insurance       15b       \$0.00         15c. Vehicle insurance.       15c       \$0.00         15c. Vehicle insurance       15c       \$0.00  | 7. Food and housekeeping su      | pplies  | 7.  | \$265.00      |
| 10. Personal care products and services       10.       \$10.00         11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare.       12.       \$350.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance.       0n not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a.       \$0.00         15b. Health insurance       15b.       \$0.00   | 8. Childcare and children's e    | ducation costs  | 8.  | \$0.00        |
| 11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$350.00         12. On not include car payments       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$0.00         15b. Health insurance       15b.       \$0.00 <td>9. Clothing, laundry, and dry</td> <td>cleaning</td> <td>9.</td> <td>\$100.00</td>   | 9. Clothing, laundry, and dry    | cleaning  | 9.  | \$100.00      |
| 12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   \$350.00     13.   Entertainment, clubs, recreation, newspapers, magazines, and books   13.   \$0.00     14.   Charitable contributions and religious donations   14.   \$0.00     15.   Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.     15a.   Life insurance   15a   \$0.00     15b.   Health insurance   15b   \$0.00     15c.   Vehicle insurance   15c   \$0.00     15c.   Vehicle   17c   \$0.00     15c.   Vehicle   17c   \$0.00     17c.   Installment or lease payments:   17c   \$0.00     17c.   Other.   Specify:   17c   \$0.00     17c.   Other.   Specify:   17c   \$0.00     17c.   Other.   Specify:   17c   \$0.00     18c.   Your payments for Vehicle   1   17c   \$0.00     18c.   Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line   5. Schedule   Your Income (Official Form 106l).   18c.   19c.   19c. | 10. Personal care products a     | nd services   | 10. | \$100.00      |
| Do not include car payments   13.   13.   13.   13.   13.   13.   13.   13.   13.   14.   14.   15.   13.   14.   15.                             | 11. Medical and dental exper     | nses  | 11. | \$0.00        |
| 14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       0 not include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance       15a \$0.00         15b. Health insurance       15b \$0.00         15c. Vehicle insurance       15c \$0.00         15c. Vehicle insurance. Specify:       15d \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         Specify:       16         17. Installment or lease payments:       17a \$0.00         17b. Car payments for Vehicle 1       17a \$0.00         17c. Other. Specify:       17c \$191.00         17c. Other. Specify:       17c \$191.00         18. Your payments of vehicle 1, Your Income (Official Form 106l).       18.         19. Other payments you make to support others who do not live with you.       19. \$0.00         Specify:       19. \$0.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a \$0.00         20b. Real estate taxes.       20b \$0.00         20c. Property, homeowner's, or renter's insurance       20c \$0.00         20d. Maintenance, repair, and upkeep expenses.       20d \$0.00  |                                  |   | 12. | \$350.00      |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. So.00 15d. Other insurance. Specify: 15d. So.00 15d. Other insurance. Specify: 15d. So.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. So.00 17c. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Source Credit Union Payment 17c. S191.00 17d. Other. Specify: Source Credit Union Payment 17d. So.00 18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. So.00 20b. Real estate taxes. 20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses.   | 13. Entertainment, clubs, rec    | reation, newspapers, magazines, and books                                   | 13. | \$0.00        |
| Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance   15a   \$0.00 15b. Health insurance   15b   \$0.00 15c. Vehicle insurance   15c   \$0.00 15c. Vehicle insurance   15c   \$0.00 15d. Other insurance. Specify:   15d   \$0.00 15d. Other insurance. Specify:   16   \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:   16   \$0.00 17. Installment or lease payments:   17a   \$0.00 17b. Car payments for Vehicle 1   17a   \$0.00 17c. Other. Specify:   17b   \$0.00 17c. Other. Specify:   8ource Credit Union Payment   17c   \$191.00 17d. Other. Specify:   17d   \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   18. 19. Other payments you make to support others who do not live with you. Specify:   19   \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property   20a   \$0.00 20b. Real estate taxes.   20b   \$0.00 20c. Property, homeowner's, or renter's insurance   20c   \$0.00 20d. Maintenance, repair, and upkeep expenses.   20d   \$0.00  | 14. Charitable contributions     | and religious donations   | 14. | \$0.00        |
| 15b. Health insurance   15b   50.00   15c. Vehicle insurance   15c   50.00   15c. Vehicle insurance   15c   50.00   15d. Other insurance. Specify:   15d   50.00   15d. Other insurance. Specify:   15d   50.00   15d. Other insurance. Specify:   16   50.00   16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   16   17c.   16   17c.   16   17c.   16   17c.   1                            |                                  | ducted from your pay or included in lines 4 or 20.                          |     |               |
| 15c. Vehicle insurance  | 15a. Life insurance              |   | 15a | \$0.00        |
| 15d. Other insurance. Specify:  | 15b. Health insurance            |   | 15b | \$0.00        |
| Specify:  | 15c. Vehicle insurance           |   | 15c | \$0.00        |
| Specify:  | 15d. Other insurance. Speci      | fy:   | 15d | \$0.00        |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: Source Credit Union Payment 17c. Other. Specify: Source Credit Union Payment 17d. Other. Specify: 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 20d. Maintenance, repair, and upkeep expenses.   | 16. Taxes. Do not include taxes  | s deducted from your pay or included in lines 4 or 20.                      |     |               |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify: Source Credit Union Payment  17d. Other. Specify: Source Credit Union Payment  17d. Other. Specify: 17d \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify: 19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.   | Specify:                         |   | 16  | \$0.00        |
| 17b. Car payments for Vehicle 2 17c. Other. Specify: Source Credit Union Payment 17c. Other. Specify: Source Credit Union Payment 17d. Other. Specify: 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00  | 17. Installment or lease payn    | nents:  |     |               |
| 17c. Other. Specify: Source Credit Union Payment  17d. Other. Specify: 17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify: 19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20c \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  | 17a. Car payments for Vehic      | cle 1   | 17a | \$0.00        |
| 17d. Other. Specify:  | 17b. Car payments for Vehic      | cle 2   | 17b | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00   | 17c. Other. Specify: Source      | e Credit Union Payment  | 17c | \$191.00      |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20c \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.   | 17d. Other. Specify:             |   | 17d | \$0.00        |
| 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20c \$0.00  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00  |                                  |   |     | \$0.00        |
| Specify:  |                                  |   | 18. |               |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00  |                                  | e to support others who do not live with you.                               | 10  | <b>#0.00</b>  |
| 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00  |                                  | ses not included in lines 4 or 5 of this form or on Schedule I. Your Income | 19. | \$0.00        |
| 20b. Real estate taxes.  20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00   |                                  |   | 20a | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00  |                                  |   |     |               |
| 20d. Maintenance, repair, and upkeep expenses.  20d \$0.00  | 20c. Property, homeowner's       | s, or renter's insurance  |     |               |
|   | 20d. Maintenance, repair, ar     | nd upkeep expenses.   |     |               |
|   | 20e. Homeowner's associat        | ion or condominium dues   |     |               |

## Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 38 of 82

| First Name Middle Name Last Name  21. Other. Specify: 21 \$0.0  | Debtor 1 James         |
|---|------------------------|
| 21 Other Specify: 21 \$0.0  | First N                |
| 21. Other Specify   | 21. <b>Other.</b> Spec |
| 22. Calculate your monthly expenses. \$2,306.0  | 22. Calculate          |
| 22a. Add lines 4 through 21. \$0.0  | 22a. Add lin           |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 \$2,306.0  | 22b. Copy I            |
| 22c. Add line 22a and 22b. The result is your monthly expenses.   | 22c. Add lin           |
| 23. Calculate your monthly net income.  | 23. Calculate y        |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a <b>\$2,316.1</b>  | 23a. Copy li           |
| 23b. Copy your monthly expenses from line 22 above. 23b \$2,306.0   | 23b. Copy              |
| 23c. Subtract your monthly expenses from your monthly income.   |                        |
| The result is your monthly net income.  | The re                 |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  ✓ No  ✓ Yes  Explain here: | For examp mortgage p   |

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 39 of 82

| Fill in this infor     | mation to identify your c | ase:        |                      |
|------------------------|---------------------------|-------------|----------------------|
| Debtor 1               | James                     |             | Smith                |
|                        | First Name                | Middle Name | Last Name            |
| Debtor 2               |                           |             |                      |
| (Spouse, if filing)    | First Name                | Middle Name | Last Name            |
| United States E        | Bankruptcy Court for the: | Northern    | District of Illinois |
|                        |                           |             | (State)              |
| Case number (If known) |                           |             |                      |

#### Official Form 106Dec

Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |  |  |
|-----|--|---|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to h  | nelp you fill out bankruptcy forms?           |  |  |
|     | <b>✓</b> No  |   |  |  |
|     | Yes. Name of person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |   |  |  |
|     |  |   |  |  |
|     |  |   |  |  |
|     | Under penalty of perjury, I declare that I have read the summary a   | and schedules filed with this declaration and |  |  |
|     | that they are true and correct.  |   |  |  |
| X   | /s/ James Smith  | ×   |  |  |
|     | Signature of Debtor 1  | Signature of Debtor 2                         |  |  |
|     | Date 10/10/2019  | Date  |  |  |
|     | MM/DD/YYYY   | MM/DD/YYYY                                    |  |  |

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 40 of 82

|                             | information to ide  |               |                      |  |   |          |   |
|-----------------------------|---|---------------|----------------------|--|---|----------|---|
| Debtor 1                    | James   |               |                      | Smith  |   |          |   |
|                             | First Name  | )             | Middle N             |  | е   |          |   |
| Debtor 2<br>(Spouse, if fil | ing) First Name   | )             | Middle N             | lame Last Nam  | e   |          |   |
| United Sta                  | ates Bankruptcy C   | ourt for the: | Northern             | District of Illino   | is  |          |   |
| Case num                    | ber   |               |                      | (Stat  | e)  |          |   |
| (If known)                  |   |               |                      |  | _   |          | Objects if the in-  |
| Offici                      | al Form   | 107           |                      |  |   |          | Check if this is amended filing                               |
| Stater                      | nent of Fi  | inancia       | l Affairs fo         | or Individuals   | Filing for Bank   | ruptcy   | 04.   |
| nformatio                   |   | ce is neede   | ed, attach a sepa    |  | together, both are equal<br>. On the top of any addi  |          |   |
|                             | •   |               |                      | and Where You Lived  | Before  |          |   |
| 1. Wha                      | at is your curren   | t marital sta | ntus?                |  |   |          |   |
|                             | Married   |               |                      |  |   |          |   |
|                             |   |               |                      |  |   |          |   |
| $\overline{\mathbf{Z}}$     | Not married   |               |                      |  |   |          |   |
| 2. Dur                      |   | ars, have yo  | u lived anywhere     | other than where you liv   | ve now?   |          |   |
| 2. Dur                      | ing the last 3 ye   | ars, have yo  | u lived anywhere     | other than where you liv   | ve now?   |          |   |
| 2. Dur                      | ing the last 3 ye   |               |                      | other than where you liv<br>3 years. Do not include v                                |   |          |   |
| 2. Dur                      | ing the last 3 ye   |               |                      |  |   |          |   |
| 2. Dur                      | ing the last 3 ye   |               |                      |  |   |          | Dates Debtor 2 lived there                                    |
| 2. Dur                      | ing the last 3 ye No Yes. List all of th                                      |               |                      | 3 years. Do not include v  | where you live now.   |          |   |
| 2. Dur                      | ing the last 3 ye No Yes. List all of th                                      | ne places yo  |                      | 3 years. Do not include v  Dates Debtor 1 lived there                                | where you live now.  Debtor 2:  Same as Debtor 1  |          | there Same as Debtor 1  |
| 2. Dur                      | No Yes. List all of the   | ne places yo  |                      | 3 years. Do not include v  Dates Debtor 1 lived there  From 06/01/2012               | where you live now.  Debtor 2:  |          | there  Same as Debtor 1  From                                 |
| 2. Dur                      | No Yes. List all of the Debtor 1:  14929 Vine Aver Number Street              | he places yo  | ou lived in the last | 3 years. Do not include v  Dates Debtor 1 lived there                                | where you live now.  Debtor 2:  Same as Debtor 1  |          | there Same as Debtor 1  |
| 2. Dur                      | No Yes. List all of the Debtor 1:   | ne places yo  |                      | 3 years. Do not include v  Dates Debtor 1 lived there  From 06/01/2012               | where you live now.  Debtor 2:  Same as Debtor 1  | Zip Code | there  Same as Debtor 1  From                                 |
| 2. Dur                      | No Yes. List all of the Debtor 1:  14929 Vine Aver Number Street Harvey       | nue           | ou lived in the last | 3 years. Do not include v  Dates Debtor 1 lived there  From 06/01/2012               | Mhere you live now.  Debtor 2:  Same as Debtor 1  Number Street                               | Zip Code | there  Same as Debtor 1  From                                 |
| 2. Dur                      | No Yes. List all of the Debtor 1:  14929 Vine Aver Number Street Harvey       | nue           | ou lived in the last | 3 years. Do not include v  Dates Debtor 1 lived there  From 06/01/2012               | Debtor 2:  Same as Debtor 1  Number Street  City State  | Zip Code | there  Same as Debtor 1  From To                              |
| 2. Dur                      | No Yes. List all of the Debtor 1:  14929 Vine Aver Number Street  Harvey City | nue           | ou lived in the last | 3 years. Do not include v  Dates Debtor 1 lived there  From 06/01/2012 To 02/01/2019 | Mhere you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State  Same as Debtor 1 | Zip Code | there  Same as Debtor 1  From To  Same as Debtor 1            |
| 2. Dur                      | No Yes. List all of the Debtor 1:  14929 Vine Aver Number Street  Harvey City | nue           | ou lived in the last | 3 years. Do not include v  Dates Debtor 1 lived there  From 06/01/2012 To 02/01/2019 | Mhere you live now.  Debtor 2:  Same as Debtor 1  Number Street  City State  Same as Debtor 1 | Zip Code | there  Same as Debtor 1  From To  Same as Debtor 1  From From |

#### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 41 of 82

Debtor 1 James Smith Case number (if known) First Name Middle Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and (before deductions and Check all that apply. exclusions) exclusions) Wages,  $\overline{\mathbf{A}}$ Wages, \$26000.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$25000.00 For last calendar year: commissions, commissions, (January 1 to December 31, 2018 bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$25000.00 For the calendar year before that: commissions, commissions, (January 1 to December 31, 2017 ) bonuses, tips bonuses, tips YYYY Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2018 YYYY For the calendar year before that: (January 1 to December 31, 2017

#### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 42 of 82

Smith Debtor 1 James Case number (if known) First Name Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Was this payment Dates of payment Total amount paid Amount you still owe for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City Suppliers or State Zip Code vendors

Other

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 43 of 82

| 1          | James                                   |  |  | Sn  | nith   | Case number                                  | (if known)  |
|------------|---|--|--|---|--|--|---|
|            | First Name                              |  | Middle Name  | Las                                       | st Name                                      |  |   |
| nsi<br>orp | ders include your<br>porations of which | relatives; a<br>you are a<br>for a busin | iny general partners<br>in officer, director,<br>less you operate as | s; relatives of any<br>person in control, | general partners; part<br>or owner of 20% or | tnerships of which y<br>more of their voting | who was an insider? you are a general partner; g securities; and any managing r domestic support obligations, |
| <b>✓</b>   | No                                      |  |  |   |  |  |   |
|            | Yes. List all pay                       | ments to a                               | an insider.  |   |  |  |   |
|            |   |  |  | Dates of payment                          | Total amount paid                            | Amount you still owe                         | Reason for this payment   |
|            | Insider's Name                          |  |  |   |  |  |   |
|            | Number Street                           |  |  |   |  |  |   |
| _          | City                                    | State                                    | Zip Code   |   |  |  |   |
|            | Insider's Name                          |  |  |   |  |  |   |
|            | Number Street                           |  |  |   |  |  |   |
|            | City                                    | State                                    | Zip Code   |   |  |  |   |
|            | hin 1 year before<br>der?               | you filed                                | for bankruptcy, o  | did you make an                           | y payments or trans                          | sfer any property o                          | on account of a debt that benefited an  |
|            |   | debts gua                                | ranteed or cosigne   | ed by an insider.                         |  |  |   |
| <b>✓</b>   | No                                      |  |  |   |  |  |   |
|            | Yes. List all pay                       | ments tha                                | t benefited an ins   | sider.                                    |  |  |   |
|            |   |  |  | Dates of payment                          | Total amount paid                            | Amount you still owe                         | Reason for this payment   |
|            |   |  |  | , ,                                       |  |  | Include creditor's name   |
|            | Insider's Name                          |  |  |   |  |  |   |
|            | Number Street                           |  |  |   |  |  |   |
|            |   |  | _  |   |  |  |   |
| _          | City                                    | State                                    | Zip Code   |   |  |  |   |
|            | Insider's Name                          |  |  |   |  |  |   |
|            | Number Street                           |  |  |   |  |  |   |
|            |   |  |  |   |  |  |   |
|            | City                                    | State                                    | Zip Code   |   |  |  |   |

#### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 44 of 82

Smith Debtor 1 James Case number (if known) First Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Wages 10/2019 \$0 Credit Acceptance Corp Creditor's Name Explain what happened c/o Weber & Olcese PLC Number Street Property was repossessed. 3250 W. Big Beaver Rd. Ste. 124 Property was foreclosed. Michigan 48084 Trov Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code

Property was attached, seized, or levied.

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 45 of 82

| Debt | otor 1 James  | Smith                          | Case number (if known)                         |                     |
|------|---|--------------------------------|--|---------------------|
|      | First Name Middle Name  | Last Name                      | <u> </u>                                       |                     |
| 11.  | accounts or refuse to make a payment because  |                                | pank or financial institution, set off any amo | unts from your      |
|      | ✓ No  |                                |  |                     |
|      | Yes. Fill in the details.   |                                |  |                     |
|      |   | Describe the action th         | e creditor took  Date action was taken         | Amount              |
|      | Creditor's Name   | _                              |  |                     |
|      | Number Street   | _                              |  |                     |
|      |   | Last 4 digits of account       | number: XXXX-                                  |                     |
|      | City State Zip Code   | _                              |  |                     |
| 12.  | Within 1 year before you filed for bankruptcy, was appointed receiver, a custodian, or another offici |                                | possession of an assignee for the benefit of   | creditors, a court- |
|      | <b>✓</b> No   |                                |  |                     |
|      | Yes   |                                |  |                     |
| Part | t 5: List Certain Gifts and Contributions   |                                |  |                     |
| 13.  | Within 2 years before you filed for bankruptcy, d   | id you give any gifts with a t | otal value of more than \$600 per person?      |                     |
|      | <b>✓</b> No   |                                |  |                     |
|      | Yes. Fill in the details for each gift.   |                                |  |                     |
|      | Gifts with a total value of more than \$600 per person  | Describe the gifts             | Dates you<br>gave the<br>gifts                 | Value               |
|      |   |                                |  |                     |
|      | Person to Whom You Gave the Gift  | _                              |  |                     |
|      | Number Street   | _                              |  |                     |
|      |   | _                              |  |                     |
|      | City State Zip Code   |                                |  |                     |
|      | Person's relationship to you  |                                |  |                     |
|      | Person to Whom You Gave the Gift  | _                              |  |                     |
|      | -   | _                              |  |                     |
|      | Number Street   | _                              |  |                     |
|      | City State Zip Code Person's relationship to you  | _                              |  |                     |
|      | reison s relationship to you  |                                |  |                     |

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 46 of 82

| James   |  | Smith  | Case number (if known)   |  |  |
|---|--|--|--|--|--|
| First Name  | Middle Name  | Last Name  | · · · · —  |  |  |
|   |  |  |  |  |  |
| thin 2 years before you filed for   | bankruptcy, did  | you give any gifts or contributions  | with a total value of mo   | e than \$600   | to any charity?  |
| No  |  |  |  |  |  |
| I<br>Ves Fill in the details for each   | aift or contribution   | nn   |  |  |  |
|   | _  |  |  |  |  |
|   | ties   | Describe what you contribute   |  |  | Value  |
| that total more than \$600  |  |  | CC   | ntributed  |  |
|   |  |  | _  |  |  |
| Charity's Name  |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Number Street   |  |  |  |  |  |
|   |  |  |  |  |  |
| City State  | Zip Code   |  |  |  |  |
|   |  |  |  |  |  |
| List Certain Losses   |  |  |  |  |  |
|   |  |  |  |  |  |
|   | ankruptcy or sin   | ice you filed for bankruptcy, did yo   | u lose anything because  | of theft, fire,  | other disaster, or   |
| nbling?   |  |  |  |  |  |
| No  |  |  |  |  |  |
| Yes Fill in the details   |  |  |  |  |  |
|   |  |  |  |  |  |
|   | t and  |  |  | _  | Value of property  |
| now the loss occurred   |  |  |  | SS   | lost   |
|   |  | _  | e 33 Of Scriedule  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  | -  |
| List Cortain Douments or T  | uanofava   |  |  |  |  |
|   | tition preparers, o  |  | es required in your bankrup  | ncy.   |  |
| lude any attorneys, bankruptcy pe<br>No<br>Yes. Fill in the details.  | lition preparers, o  | r credit counseling agencies for servic  |  |  | Amount of  |
| No  | lition preparers, o  |  | roperty Da   | nte payment<br>transfer<br>as made   | Amount of payment  |
| No  | lition preparers, o  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer  |  |
| No<br>Yes. Fill in the details.   | lition preparers, o  | r credit counseling agencies for service  Description and value of any p   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue   | itition preparers, o   | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid   | lition preparers, o  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue   | lition preparers, o  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street   |  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois   | 60643  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street   |  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois   | 60643  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address None   | 60643<br>Zip Code  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  | 60643<br>Zip Code  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address None   | 60643<br>Zip Code  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address None Person Who Made the Payment,  | 60643<br>Zip Code  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address None   | 60643<br>Zip Code  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address None Person Who Made the Payment,  | 60643<br>Zip Code  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address None Person Who Made the Payment, Person Who Was Paid                            | 60643<br>Zip Code  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address None Person Who Made the Payment, Person Who Was Paid                            | 60643<br>Zip Code  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address None Person Who Made the Payment, Person Who Was Paid  Number Street             | 60643<br>Zip Code<br>if Not You  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address None Person Who Made the Payment, Person Who Was Paid                            | 60643<br>Zip Code  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address None Person Who Made the Payment, Person Who Was Paid  Number Street  City State | 60643<br>Zip Code<br>if Not You  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
| No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address None Person Who Made the Payment, Person Who Was Paid  Number Street             | 60643<br>Zip Code<br>if Not You  | r credit counseling agencies for service  Description and value of any patransferred   | roperty Da<br>or<br>wa   | ite payment<br>transfer<br>as made   | payment  |
|   | thin 2 years before you filed for No Yes. Fill in the details for each Gifts or contributions to charithat total more than \$600  Charity's Name  Number Street City State  List Certain Losses  thin 1 year before you filed for benbling?  No Yes. Fill in the details.  Describe the property you loss how the loss occurred  List Certain Payments or Tehin 1 year before you filed for be but seeking bankruptcy or prepare | thin 2 years before you filed for bankruptcy, did  No  Yes. Fill in the details for each gift or contribution Gifts or contributions to charities that total more than \$600  Charity's Name  Number Street  City State Zip Code  List Certain Losses  thin 1 year before you filed for bankruptcy or simpling?  No  Yes. Fill in the details.  Describe the property you lost and how the loss occurred  List Certain Payments or Transfers  thin 1 year before you filed for bankruptcy, did y | thin 2 years before you filed for bankruptcy, did you give any gifts or contributions.  No  Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600  Charity's Name  Number Street  City State Zip Code  List Certain Losses  thin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you biling?  No  Yes. Fill in the details.  Describe the property you lost and how the loss occurred  Describe any insurance cover include the amount that insurance pending insurance claims on line AB: Property.  List Certain Payments or Transfers  thin 1 year before you filed for bankruptcy, did you or anyone else acting on your bout seeking bankruptcy or preparing a bankruptcy petition? | thin 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of mor No  Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600  Charity's Name  Number Street  City State Zip Code  List Certain Losses  thin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because nbling?  No  Yes. Fill in the details.  Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  List Certain Payments or Transfers  thin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any | thin 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600  No  Yes. Fill in the details for each gift or contribution.  Gifts or contributions to charities that total more than \$600  Charity's Name  Number Street  City State Zip Code  List Certain Losses  List Certain Losses  Describe what you contributed  Charity's Name  No  Yes. Fill in the details.  Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  List Certain Payments or Transfers  Chin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to a surface of the solution of the property of t |

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 47 of 82

| or 1 James   | Smith   | Case number (if known)   |   |
|--|---|--|---|
| First Name Middle Name                             | e Last Name   |  |   |
| help you deal with your creditors or to make       | payments to your creditors?   | our behalf pay or transfer any property to anyo  | one who promised to   |
| ✓ No ✓ Yes Fill in the details                     |   |  |   |
| Tes. Fill it the details.                          |   |  |   |
|  | Description and value of a transferred  | iny property Date Ai payment or transfer was made  | mount of payment  |
| Person Who Was Paid                                |   |  |   |
| Number Street                                      |   |  |   |
|  |   |  |   |
| City State Zip Cod                                 | le  |  |   |
| ✓ No  Yes. Fill in the details.                    |   |  | Date  |
|  | transferred   | payments received or debts paid in exchange  | transfer was<br>made  |
| Person Who Received Transfer                       |   |  |   |
| Number Street                                      |   |  |   |
| City State Zip Cod<br>Person's relationship to you | le  |  |   |
| Person Who Received Transfer                       |   |  |   |
| Number Street                                      |   |  |   |
| City State Zip Cod<br>Person's relationship to you | le e  |  |   |
| beneficiary?                                       |   | a self-settled trust or similar device of which y  | you are a   |
| ✓ No ☐ Yes. Fill in the details.                   |   |  |   |
|  | Description and value of  | the property transferred   | Date<br>transfer was<br>made  |
| Name of trust                                      |   |  |   |
|  | Mithin 1 year before you filed for bankruptoynelp you deal with your creditors or to make Do not include any payment or transfer that you I No Yes. Fill in the details.  Person Who Was Paid Number Street  City State Zip Cod Mithin 2 years before you filed for bankruptothe ordinary course of your business or finar nclude both outright transfers and transfers mand transfers that you have already listed on this No Yes. Fill in the details.  Person Who Received Transfer Number Street  City State Zip Cod Person's relationship to you  Person Who Received Transfer Number Street  City State Zip Cod Person's relationship to you  Mithin 10 years before you filed for bankruptoneliciary? These are often called asset-protection devices.  No Yes. Fill in the details. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on you for one tinclude any payment or transfer that you listed on line 16.  No  Yes. Fill in the details.  Person Who Was Paid  Number Street  City State Zip Code  Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise to reduce that you have already listed on this statement.  No  Yes. Fill in the details.  Description and value of a transfer made as security (such as the granting of and transfers that you have already listed on this statement.  No  Yes. Fill in the details.  Description and value of part transfers and transfers made as security (such as the granting of a transfers that you have already listed on this statement.  No  Yes. Fill in the details.  Description and value of part transfer and transfers that you have already listed on this statement.  Description and value of part transfer are street.  City State Zip Code Person's relationship to you  Person Who Received Transfer  Number Street  City State Zip Code Person's relationship to you  Within 10 years before you filed for bankruptcy, did you transfer any property to beneficiary? These are often called asset-protection devices.)  No  Yes. Fill in the details. | First Mane Middle Name Last Name  Mithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone lese with your creditors or to make payments to your creditors?  On not include any payment or transfer that you listed on line 16.  No Yes. Fill in the details.  Description and value of any property  Person Who Was Paid  Number Street  City State Zip Code  Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than prohe ordinary course of your business or financial affairs?  No Yes. Fill in the details.  Description and value of property interest or mortgage on your property). In the details.  Description and value of property  Person Who Received Transfer  Number Street  Description and value of property  Person Who Received Transfer  Number Street  City State Zip Code  Person Who Received Transfer  Number Street  City State Zip Code  Person Who Received Transfer  Number Street  City State Zip Code  Person Who Received Transfer  Number Street  City State Zip Code  Person Who Received Transfer  Number Street  City State Zip Code  Person Who Received Transfer  Number Street  City State Zip Code  Person Who Received Transfer  Number Street  City State Zip Code  Person Who Received Transfer  Number Street  City State Zip Code  Person Who Received Transfer  Number Street  City State Zip Code  Person Who Received Transfer  Number Street  City State Zip Code  Person Who Received Transfer  Number Street  City State Zip Code  Description and value of the property transferred  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which is account.  Description and value of the property transferred |

#### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 48 of 82

Smith Debtor 1 James Case number (if known) First Name Middle Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code

City

State

Zip Code

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 49 of 82

|                 |  | Sr  |   |                    | e number (if known)   |                |
|-----------------|--|---|---|--------------------|---|----------------|
| 19: ld          | First Name Middle Name   | La  | st Name                                 |                    |   |                |
| -               | dentify Property You Hold or Contro  | ol for Someon   | e Else                                  |                    |   |                |
|                 |  |   |   |                    |   |                |
| _               | ou hold or control any property that som   | eone else owns  | ? Include an                            | property you be    | orrowed from, are storing for, or hold in                                   | trust for      |
| some            | eone.  |   |   |                    |   |                |
|                 | No   |   |   |                    |   |                |
|                 |  |   |   |                    |   |                |
| Ш               | Yes. Fill in the details.  |   |   |                    |   |                |
|                 |  | Where is the  | ne property?                            |                    | Describe the contents   | Value          |
|                 | -  |   |   |                    |   |                |
|                 | Owner's Name   | NumberStre  | eet                                     |                    |   |                |
|                 | N. andrew Oland  | _   |   |                    |   |                |
|                 | Number Street  |   |   |                    |   |                |
|                 |  | City  | State                                   | Zin Codo           |   |                |
|                 |  | City  | State                                   | Zip Code           |   |                |
|                 | City State Zip Code  | _   |   |                    |   |                |
|                 | ·  |   |   |                    |   |                |
| t 10:           | Give Details About Environmental I   | nformation  |   |                    |   |                |
|                 | (Pad 40 Harf Harf Harf Harf Harf Harf Harf Harf  |   |   |                    |   |                |
| the pu          | urpose of Part 10, the following definitions a   | pply:   |   |                    |   |                |
| ■ En            | nvironmental law means any federal, state, or  | local statute or re   | egulation con                           | erning pollution,  | contamination, releases of  |                |
|                 | zardous or toxic substances, wastes, or mat  |   |   |                    |   |                |
| inc             | cluding statutes or regulations controlling the  | e cleanup of these  | e substances,                           | wastes, or materi  | ial.  |                |
| ■ Siti          | te means any location, facility, or property as  | defined under an  | v environmer                            | tal law whether v  | vou now own, operate or utilize it  |                |
|                 | used to own, operate, or utilize it, including   |   | y on viionnoi                           | tariaw, wirotror j | you now own, oporato, or utilizon   |                |
|                 |  |   |   |                    |   |                |
|                 | <i>azardous material</i> means anything an environ<br>xic substance, hazardous material, pollutant,  |   |   | ous waste, hazar   | rdous substance,  |                |
| 107             | xic substance, nazardous materiai, poliutant,  | comaminant, or  | Siiiiiai teiiii.                        |                    |   |                |
| oort all        | notices, releases, and proceedings that you  | know about, rega  | ardless of who                          | en they occurred.  |   |                |
|                 |  |   |   |                    |   |                |
| Has             | any governmental unit notified you that y  |   |   |                    |   |                |
| rias (          | any governmental unit notined you that y   |   | a ar natanti                            | lly liable under   | or in violation of an environmental law                                     | ,              |
|                 |  | you may be liabl  | e or potentia                           | Illy liable under  | or in violation of an environmental law?                                    | ?              |
| _  <b>√</b>   □ | No   | you may be liabl  | e or potentia                           | illy liable under  | or in violation of an environmental law?                                    | ?              |
|                 | No   | you may be liabl  | e or potentia                           | illy liable under  | or in violation of an environmental law?                                    | ?              |
|                 |  |   |   | illy liable under  |   |                |
|                 | No   | gou may be liabl  |   | illy liable under  | or in violation of an environmental law?  Environmental law, if you know it | Date of        |
|                 | No   |   |   | illy liable under  |   |                |
|                 | No<br>Yes. Fill in the details.  | Governmen   | ntal unit                               | illy liable under  |   | Date of        |
|                 | No   |   | ntal unit                               | illy liable under  |   | Date of        |
|                 | No<br>Yes. Fill in the details.  | Governmen   | n <b>tal unit</b><br>tal unit           | illy liable under  |   | Date of        |
|                 | No<br>Yes. Fill in the details.<br>Name of site  | Governmen   | n <b>tal unit</b><br>tal unit           | illy liable under  |   | Date of        |
|                 | No<br>Yes. Fill in the details.<br>Name of site  | Governmen   | n <b>tal unit</b><br>tal unit           | Zip Code           |   | Date of        |
|                 | No Yes. Fill in the details.  Name of site  Number Street  | Governmen  RumberStre                                       | ntal unit<br>tal unit                   |                    |   | Date of        |
|                 | No<br>Yes. Fill in the details.<br>Name of site  | Governmen  RumberStre                                       | ntal unit<br>tal unit                   |                    |   | Date of        |
|                 | No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code   | Governmen  NumberStree                                      | tal unit tal unit eet State             | Zip Code           |   | Date of        |
|                 | No Yes. Fill in the details.  Name of site  Number Street  | Governmen  NumberStree                                      | tal unit tal unit eet State             | Zip Code           |   | Date of        |
| Have            | No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  e you notified any governmental unit of an                               | Governmen  NumberStree                                      | tal unit tal unit eet State             | Zip Code           |   | Date of        |
| Have            | No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  you notified any governmental unit of all No                             | Governmen  NumberStree                                      | tal unit tal unit eet State             | Zip Code           |   | Date of        |
| Have            | No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  e you notified any governmental unit of an                               | Governmen  Governmen  NumberStre  City  ny release of haz   | tal unit tel unit State                 | Zip Code           | Environmental law, if you know it   | Date of notice |
| Have            | No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  you notified any governmental unit of all No                             | Governmen  NumberStree                                      | tal unit tel unit State                 | Zip Code           |   | Date of notice |
| Have            | No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  you notified any governmental unit of all No                             | Governmen  Governmen  NumberStre  City  ny release of haz   | tal unit tel unit State                 | Zip Code           | Environmental law, if you know it   | Date of notice |
| Have            | No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  e you notified any governmental unit of an No Yes. Fill in the details.  | Governmen  Governmen  NumberStre  City  ny release of has   | tal unit tel unit State  zardous mat    | Zip Code           | Environmental law, if you know it   | Date of notice |
| Have            | No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  you notified any governmental unit of all No                             | Governmen  Governmen  NumberStre  City  ny release of haz   | tal unit tel unit State  zardous mat    | Zip Code           | Environmental law, if you know it   | Date of notice |
| Have            | No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  e you notified any governmental unit of all No Yes. Fill in the details. | Governmen  RumberStre  City  Governmen  Governmen           | tal unit tal unit eet State zardous mat | Zip Code           | Environmental law, if you know it   | Date of notice |
| Have            | No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  e you notified any governmental unit of an No Yes. Fill in the details.  | Governmen  Governmen  NumberStre  City  ny release of has   | tal unit tal unit eet State zardous mat | Zip Code           | Environmental law, if you know it   | Date of notice |
| Have            | No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  e you notified any governmental unit of all No Yes. Fill in the details. | Governmen NumberStree City  Governmen Governmen NumberStree | state State  zardous mat  ntal unit     | Zip Code           | Environmental law, if you know it   | Date of notice |
| . Have          | No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  e you notified any governmental unit of all No Yes. Fill in the details. | Governmen  RumberStre  City  Governmen  Governmen           | tal unit tal unit eet State zardous mat | Zip Code           | Environmental law, if you know it   | Date of notice |

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 50 of 82

| Deb  |      | James                                   |                 |                 | Smit            |             | Cas                         | se number (i   | f known)         |                |                                |
|------|------|---|-----------------|-----------------|-----------------|-------------|-----------------------------|----------------|------------------|----------------|--------------------------------|
|      |      | First Name                              | N               | Middle Name     | Last N          | Name        |                             |                |                  |                |                                |
| 26.  | Hav  | e you been a party                      | / in any judici | al or administr | ative proceed   | ling under  | any environme               | ntal law? In   | iclude settleme  | ents and orde  | rs.                            |
|      |      | No<br>Yes. Fill in the det              | ails.           |                 |                 |             |                             |                |                  |                |                                |
|      |      | 0 1111                                  |                 |                 | Court or agen   | псу         |                             | Nature         | of the case      |                | Status of the case             |
|      |      | Case title                              |                 |                 | Court Name      |             |                             |                |                  |                | Pending                        |
|      |      | Case number                             |                 |                 | NumberStreet    |             |                             |                |                  |                | On appeal Concluded            |
|      |      |   |                 |                 | City            | State       | Zip Code                    |                |                  |                | Concluded                      |
| Pari | 11:  | Give Details Ab                         | out Your Bu     | usiness or Co   | nnections to    | o Any Bu    | siness                      |                |                  |                |                                |
| 27.  | Witl | nin 4 years before                      | you filed for b | ankruptcy, did  | you own a bu    | usiness or  | have any of the             | following o    | connections to a | any business?  | ?                              |
|      |      |   |                 |                 | · ·             |             | activity, either            | full-time or p | part-time        |                |                                |
|      |      | A member of A partner in a              |                 | iity company (L | .LC) or iimitea | паршу ра    | artnership (LLP)            |                |                  |                |                                |
|      |      | An officer, die                         | rector, or mar  | aging executiv  | -               |             |                             |                |                  |                |                                |
|      |      | An owner of a                           | at least 5% of  | the voting or e | quity securitie | s of a corp | ooration                    |                |                  |                |                                |
|      | Z    | No. None of the a<br>Yes. Check all tha |                 |                 |                 | for each h  | nusiness                    |                |                  |                |                                |
|      | Ч    | roo. Grook an are                       | at apply above  |                 |                 |             | re of the busin             | ess            |                  |                | umber Do not                   |
|      |      |   |                 |                 | _               |             |                             |                | EIN:             | ai Security nu | ımber or ITIN.                 |
|      |      | Business Name                           |                 |                 |                 |             |                             |                |                  |                |                                |
|      |      | Number Street                           |                 |                 | Name o          | f account   | ant or bookkee              | per            | Dates busine     | ess existed    |                                |
|      |      | City                                    | State           | Zip Code        |                 |             |                             |                | From             | To             |                                |
|      |      |   |                 |                 |                 |             |                             |                |                  |                |                                |
|      |      |   |                 |                 | Describ         | e the natu  | re of the busin             | ess            |                  |                | umber Do not<br>umber or ITIN. |
|      |      | Business Name                           |                 |                 | _               |             |                             |                | EIN:             |                |                                |
|      |      | Number Street                           |                 |                 | _               | -           |                             |                | Dates busine     | ess existed    |                                |
|      |      | City                                    | State           | Zip Code        | Name o          | f account   | ant or bookkee <sub>l</sub> | per            | From             | То             |                                |
|      |      |   |                 |                 |                 |             |                             |                |                  |                |                                |
|      |      |   |                 |                 |                 |             |                             |                |                  |                |                                |
|      |      |   |                 |                 | Describ         | e the natu  | re of the busin             | ess            |                  |                | umber Do not<br>umber or ITIN. |
|      |      | Business Name                           |                 |                 | _               |             |                             |                | EIN:             |                |                                |
|      |      | Number Street                           |                 |                 | Name o          | of account  | ant or bookkee              | per            | Dates busine     | ess existed    |                                |
|      |      | City                                    | State           | Zip Code        | _               |             |                             |                | From             | To             |                                |
|      |      |   |                 |                 |                 |             |                             |                |                  |                |                                |

## Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 51 of 82

| Deb | otor 1 | James           |                    |   | Smith  | Case number (if known)   |
|-----|--------|-----------------|--------------------|---|--|--|
|     |        | First Name      |                    | Middle Name                                     | Last Name  |  |
| 28. |        | No              | er parties.        | r bankruptcy, did yo                            | u give a financial statement   | t to anyone about your business? Include all financial institutions,   |
|     |        | Yes. Fill in th | e details below.   |   |  |  |
|     |        |                 |                    |   | Date issued  |  |
|     |        |                 |                    |   |  |  |
|     |        | Name            |                    |   | MM/DD/YYYY   |  |
|     |        | Number St       | reet               |   |  |  |
|     |        |                 |                    |   |  |  |
|     |        | City            | State              | Zip Code  | •  |  |
| _   |        | Ciana Dalas     |                    |   |  |  |
| Par | t 12:  | Sign Belov      | V                  |   |  |  |
|     | true a | and correct. I  | understand tha     | t making a false stat<br>nes up to \$250,000, o | ement, concea <sup>l</sup> ling property<br>or imprisonment for up to 20 | nts, and I declare under penalty of perjury that the answers are y, or obtaining money or property by fraud in connection with 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|     |        | S               | signature of Debto |   |  | Signature of Debtor 2  |
|     |        |                 |                    |   |  | Date   |
|     |        |                 | ate 10/10/2019     |   |  |  |
|     | Did y  | ou attach add   | ditional pages to  | Your Statement of I                             | inancial Affairs for Individu  | als Filing for Bankruptcy (Official Form 107)?   |
|     |        | lo              |                    |   |  |  |
|     | 뜨.     | es              |                    |   |  |  |
|     | Did v  | ou pay or agr   | ee to pay somed    | one who is not an att                           | orney to help you fill out ba  | nkruptcy forms?  |
|     | `      | 1o              |                    |   | - · ·  | •  |
|     | Ľ      |                 |                    |   |  | Attach the Realismentary Potition Propagation Nation   |
|     | Ш,     | es. Name of p   | person             |   |  | Attach the Bankruptcy Petition Preparer's Notice,  |

Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 52 of 82

| mation to identify your c | ase:                        |  |
|---------------------------|-----------------------------|--|
| James                     |                             | Smith  |
| First Name                | Middle Name                 | Last Name                                      |
|                           |                             |  |
| First Name                | Middle Name                 | Last Name                                      |
| Bankruptcy Court for the: | Northern                    | District of Illinois                           |
|                           |                             | (State)  |
|                           |                             |  |
|                           | James First Name First Name | First Name Middle Name  First Name Middle Name |

Check if this is an amended filing

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

| 1. | For any creditors that you listed in Part 1 of Schedule D: Creditors I information below.       | Who Have Claims Secured by Property (Official Forn   | n 106D), fill in the                                |
|----|---|--|---|
|    | Identify the creditor and the property that is collateral                                       | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |
|    | Creditor's name: SOURCEONE CREDIT UNION  Description of property securing debt: InstallmentLoan | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and            | No. ✓ Yes.  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and            | No. Yes.  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and            | No. Yes.  |

## Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 53 of 82

| Debtor  | r James   |                                 | Smith   | Case number <i>(if</i>  |   |
|---------|---|---------------------------------|---|---|---|
| 1       | First Name  | Middle Name                     | Last Name                                       | known)  |   |
| Part 2: | List Your Unexpire                                  | d Personal Property Leas        | es  |   |   |
| informa | y unexpired personal pr<br>ation below. Do not list | operty lease that you listed in | Schedule G: Executory<br>leases are leases that | y Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2). | ) |
| De      | scribe your unexpired p                             | personal property leases        |   | Will the lease be assumed?  |   |
| Les     | ssor's name:  |                                 |   | □ No □ Yes  |   |
|         | scription of leased operty:                         |                                 |   |   |   |
| Les     | ssor's name:  |                                 |   | □ No □ Yes  |   |
|         | scription of leased operty:                         |                                 |   |   |   |
| Les     | ssor's name:  |                                 |   | □ No □ Yes  |   |
|         | scription of leased operty:                         |                                 |   |   |   |
| Les     | ssor's name:  |                                 |   | □ No □ Yes  |   |
|         | scription of leased operty:                         |                                 |   |   |   |
| Les     | ssor's name:  |                                 |   | □ No □ Yes  |   |
|         | scription of leased operty:                         |                                 |   |   |   |
| Les     | ssor's name:  |                                 |   | □ No □ Yes  |   |
|         | scription of leased operty:                         |                                 |   |   |   |
| Les     | ssor's name:  |                                 |   | □ No □ Yes  |   |
|         | scription of leased operty:                         |                                 |   | <del></del>   |   |
| Part 3: | Sign Below  |                                 |   |   |   |
|         | er penalty of perjury, I o                          |                                 | my intention about any                          | property of my estate that secures a debt and any personal  |   |
| _       | /s/ James Smith                                     |                                 | *_  |   |   |
| S       | Signature of Debtor 1                               |                                 | Sig   | gnature of Debtor 2   |   |
| С       | Date 10/10/2019<br>MM/DD/YYYY                       |                                 | Da  | te MM/DD/YYYY   |   |

Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 54 of 82

B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

|  | Northern Distric  | ct of illinois  |  |
|--|---|---|--|
| James Smith  |   | Case No.  |  |
| Debtor   |   | <b>-</b>  | (If known)   |
|  |   | Chapter   | Chapter 7  |
| DISCLOSURE OF  | COMPENSATIO   | N OF ATTORNEY F   | FOR DEBTOR   |
| pensation paid to me within one  | year before the filing of the p   | petition in bankruptcy, or agreed t   | to be paid to me, for services                       |
| egal services, I have agreed to ac                                     | cept  |   | \$1,765.00   |
| r to the filing of this statement I h                                  | nave received   |   | \$0.00   |
| nce Due  |   |   | \$1,765.00   |
| source of the compensation paid  | I to me was:  |   |  |
| <b>✓</b> Debtor  | Other (specify)   |   |  |
| source of the compensation paid  | I to me is:   |   |  |
| <b>✓</b> Debtor  | Other (specify)   |   |  |
|  |   | n with any other person unless th   | ey are   |
| members or associates of my law  | firm. A copy of the agreeme   |   |  |
| turn for the above-disclosed fee,                                      | I have agreed to render legal   | service for all aspects of the ban  | nkruptcy case, including:                            |
| <ul> <li>a. Analysis of the debtor's finan-<br/>bankruptcy;</li> </ul> | cial situation, and rendering   | advice to the debtor in determini   | ng whether to file a petition in                     |
| b. Preparation and filing of any p                                     | oetition, schedules, statemer   | nts of affairs and plan which may   | be required;   |
| c. Representation of the debtor  | at the meeting of creditors a   | nd confirmation hearing, and any  | adjourned hearings thereof;                          |
| greement with the debtor(s), the                                       | above-disclosed fee does no   | ot include the following services:  |  |
|  |   |   |  |
| _  | CERTIFICA   | ATION   | _  |
| y that the foregoing is a complet<br>n this bankruptcy proceedings.    | e statement of any agreemen   | nt or arrangement for payment to  | me for representation of the                         |
| 10/10/2019   |   | /s/ Jessica Boone   |  |
| Date   |   | Signature of Attorney   |  |
|  |   | Semrad Law Firm   |  |
|  |   | Name of law firm  | <u> </u>   |
|  | Debtor  DISCLOSURE OF (Suant to 11 U.S.C. § 329(a) and For pensation paid to me within one lered or to be rendered on behalf regal services, I have agreed to act to the filing of this statement I have not agreed to share the abovementers and associates of my law the people sharing in the compensation paid that a people sharing in the compensation of the debtor's financial bankruptcy;  b. Preparation and filing of any positive contents of the debtor's financial bankruptcy;  b. Preparation and filing of any positive contents of the debtor's financial bankruptcy;  b. Preparation and filing of any positive contents of the debtor's financial bankruptcy;  b. Preparation and filing of any positive contents of the debtor's financial bankruptcy;  b. Preparation and filing of any positive contents of the debtor's financial bankruptcy;  b. Preparation and filing of any positive contents of the debtor's financial bankruptcy;  b. Preparation and filing of any positive contents of the debtor's financial bankruptcy;  b. Preparation and filing of any positive contents of the debtor's financial bankruptcy;  c. Representation of the debtor's financial bankruptcy;  b. Preparation and filing of any positive contents of the debtor's financial bankruptcy;  b. Preparation and filing of any positive contents of the debtor's financial bankruptcy;  c. Representation of the debtor's financial bankruptcy;  b. Preparation and filing of any positive contents of the debtor's financial bankruptcy;  c. Representation of the debtor's financial bankruptcy proceedings. | Disclosure of Compensation suant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certification paid to me within one year before the filling of the pered or to be rendered on behalf of the debtor(s) in contemplate egal services, I have agreed to accept are to the filling of this statement I have received noted noted but to the filling of this statement I have received noted but to the compensation paid to me was:  □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ | Disclosure of Compensation paid to me was:    Debtor |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1.717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc">http://www.justice.gov/ust/eo/hapcpa/ccde/cc</a> approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 59 of 82

#### UNITED STATES BANKRUPTCY COURT

**Northern District of Illinois** 

| In re:          | Smith, James | Case No  |                                     |
|-----------------|--------------|--|-------------------------------------|
|                 | Debtor(s)    |  |                                     |
|                 |              | Chapter.                                       | Chapter7                            |
|                 | VERIF        | ICATION OF CREDITOR MAT                        | RIX                                 |
| Ti<br>knowledge |              | ify that the attached list of creditors is tru | ue and correct to the best of their |
| Date:           | 10/10/2019   | /s/ Smith, James                               |                                     |
|                 |              | Smith, James<br><i>Signature of Deb</i> i      | tor                                 |

Credit Acceptance Corp c/o Weber & Olcese PLC 3250 W. Big Beaver Rd. Ste. 124 Troy, MI, 48084

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE, FL, 32256

Sprint Corp. Attn Bankruptcy Dept PO Box 7949 Overland Park, KS, 66207

AMER FST FIN PO Box 565848 Dallas, TX, 75356-5848

SOURCEONE CREDIT UNION 542 S Dearborn St Ste 410 Chicago, IL, 60605

HARRIS & HARRIS LTD 222 Merchandise Mart Plaza, Suite 1900 Chicago, IL, 60654

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

Comcast (Xfinity) P.O. Box 3001 Southeastern, PA, 19398

Commonwealth Edison Company Attn: Bankruptcy Department 1919 Swift Drive Oak Brook, IL, 60523

People's Gas Light & Coke Co. 200 E. Randolph Street Chicago, IL, 60601

Nicor Gas PO Box 0632 Aurora, IL, 60507

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 61 of 82

Ingall's Hospital One Ingalls Drive Harvey, IL, 60426

Speedy Cash - Bankruptcy P.O. Box 780408 Attn: Bankruptcy Wichita, KS, 67278

IL Tollway 2700 Ogden Ave Downers Grove, IL, 60515

Progressive Leasing 10619 South Jordan Gateway # 100 South Jordan, UT, 84095

Fifth Third Bank Bankruptcy Dept 1830 East Paris S.E., MS # RSCB3E Grand Rapids, MI, 49546

Chase Bank PO Box 15298 Wilmington, DE, 19850

Checksystems 7805 Hudson Road, Suite 100 Saint Paul, MN, 55125

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 62 of 82

| Debtor 1 James<br>First Name  | Middle Nama   | Smith<br>Last Name   | Case number (if known)  |  |
|---|---|--|---|--|
| Part 6: Answer These Qu   | estions for Reporting Purpos  |  |   |  |
| <sup>16.</sup> What kind of debts do<br>you have?   | 16a. Are your debts primar "incurred by an individue No. Go to line 16b.  Yes. Go to line 17, 16b. Are your debts primar  | ily consumer debts? (<br>ual primarily for a perso<br>ily business debts? <i>Bu</i><br>ir investment or throug   | nal, family, or househous<br>In the operation of the  | s that you incurred to obtain<br>business or investment.   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | No. I am not filing under Co     Yes. I am filing under Chap expenses are paid that     ✓ No.     Yes.  |  | it after any exempt prop<br>o distribute to unsecured   | erty is excluded and administrative<br>d creditors?  |
| 18. How many creditors<br>do you estimate that<br>you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,00<br>5,001-10,0<br>10,001-25  | 000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you<br>estimate your assets<br>to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$10,000,0<br>\$50,000,0   | 1-\$10 million<br>01-\$50 million<br>01-\$100 million<br>001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion          |
| 20. How much do you estimate your liabilities to be?  Part 7: Sign Below  |   | \$10,000,0<br>\$50,000,0   | 1-\$10 million<br>01-\$50 million<br>01-\$100 million<br>001-\$500 million  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| For you   | orrect.  If I have chosen to file under of title 11, United States Codunder Chapter 7.  If no attorney represents me a out this document, I have obt I request relief in accordance I understand making a false stronnection with a bankruptcy both. 18 U.S.C. §§ 152, 1341 | Chapter 7, I am aware to<br>le. I understand the relie<br>and I did not pay or agra<br>ained and read the noti<br>with the chapter of title<br>tatement, concealing por<br>case can result in fine | nat I may proceed, if elef available under each ee to pay someone who ce required by 11 U.S. 11, United States Coroperty, or obtaining not up to \$250,000, or in | de, specified in this petition.<br>noney or property by fraud in<br>mprisonment for up to 20 years, or               |
|   | Signature of Debtor 1  Executed on 10/10/20  MM / [   | 119<br>DD / YYYY   | Signature of De   |  |

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 63 of 82

| Fill in this infor              | mation to identify your o      | ase:                       |   |  |
|---------------------------------|--------------------------------|----------------------------|---|--|
| Debtor 1                        | James                          |                            | Smith   |  |
| 28 75 52                        | First Name                     | Middle Name                | Last Name                                     | _  |
| Debtor 2<br>(Spouse, if filing) | First Name                     | Middle Name                | Last Name                                     |  |
|                                 |                                | ACTION CONTRACTORS         |   |  |
| United States E                 | Bankruptcy Court for the:      | Northern                   | _ District of Illinois                        | _  |
| Case number<br>(If known)       |                                |                            | (State)                                       |  |
| Official                        | Form 106De                     | ec                         |   | Check if this is an amended filing                         |
| Declarat                        | ion About an                   | _<br>Individual Deb        | tor's Schedules                               | 12/15  |
| Part 1: Sign                    | 1341, 1519, and 3571.<br>Below |                            |   |  |
| Did you p                       | ay or agree to pay some        | oone who is NOT an attorn  | ney to help you fill out bank                 | ruptcy forms?  |
| Yes.                            | Name of person                 |                            | Attach Bankruptcy P<br>Signature (Official Fo | Petition Preparer's Notice, Declaration, and<br>form 119). |
| Under per                       | nalty of perjury, I declar     | e that I have read the sun | nmary and schedules filed v                   | with this declaration and                                  |
| ā_                              | are true and correct.          | 0 1                        | Wats  |  |
| /s/ Jame                        | s Smith Ham                    | 1) Dunth                   | ×   |  |

Signature of Debtor 2

MM/DD/YYYY

Date

Signature of Debtor 1/

MM/DD/YYYY

Date 10/10/2019

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 64 of 82

| First Name  | Middle Name   | Smith                      | Case number (if known)   |
|---|---|----------------------------|--|
| , not mario   | Widdle Name   | Last Name                  |  |
| <ol> <li>Within 2 years before years creditors, or other part</li> </ol>  | ou filed for bankruptcy, did y<br>ies.                                | ou give a financial statem | nent to anyone about your business? Include all financial institution  |
| ✓ No Yes. Fill in the detail  | ls below.   |                            |  |
| - <del></del> -   |   | Date issued                |  |
| Name  |   | MM/DD/YYYY                 |  |
| Number Street   |   | <u>~</u>                   |  |
| City  | State Zip Code  | <del>-</del>               |  |
| art 12: Sign Below  |   |                            |  |
| I have read the answers of true and correct, I unders   | on this <i>Statement of Financia</i><br>stand that making a false sta | al Affairs and any attachn | nents, and I declare under penalty of perjury that the answers are   |
| I have read the answers of<br>true and correct. I unders<br>a bankruptcy case can re  | sult in fines up to \$250,000,  | or imprisonment for up to  | nents, and I declare under penalty of perjury that the answers are arty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| I have read the answers of<br>true and correct. I unders<br>a bankruptcy case can re  | sult in fines up to \$250,000,  | or imprisonment for up to  | erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  |
| I have read the answers of<br>true and correct. I unders<br>a bankruptcy case can re  | mes Smith Comes   | or imprisonment for up to  | or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  |
| I have read the answers of true and correct. I unders a bankruptcy case can re  /s/ Jai Signature   | mes Smith Cames of Debtor 1   | Swap                       | Signature of Debtor 2  |
| I have read the answers of true and correct. I unders a bankruptcy case can re  /s/ Jai Signature  Date 10/-  Did you attach additional  No Yes | mes Smith Cames of Debtor 1   | Smutch Smutch              | Signature of Debtor 2 Date   |

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 65 of 82

| btor James   |   | Smith                    | Case number (if   |
|--|---|--------------------------|---|
| First Name   | Middle Name   | Last Name                | known)  |
| THE RESERVE OF THE PERSON NAMED IN                           | Personal Property Leas  |                          |   |
|  | operty lease that you listed i<br>real estate leases. Unexpire<br>property lease if the trusted |                          | Contracts and Unexpired Leases (Official Form 106G), fill in the<br>are still in effect; the lease period has not yet ended. You may<br>U.S.C. § 365(p)(2). |
| Describe your unexpired p                                    | ersonal property leases   |                          | Will the lease be assumed?  |
| Lessor's name:   |   |                          | □ No  |
| Description of leased property:                              |   |                          | Yes   |
| Lessor's name:   |   |                          | □ No  |
| Description of leased property:                              |   |                          | Yes   |
| Lessor's name:   |   |                          | □ No □ Yes  |
| Description of leased property:                              |   |                          |   |
| _essor's name:   |   |                          | □ No □ Yes  |
| Description of leased<br>property:                           |   |                          |   |
| _essor's name:   |   |                          | □ No □ Yes  |
| Description of leased<br>property:                           |   |                          |   |
| -essor's name:   |   |                          | □ No □ Yes  |
| Description of leased<br>property:                           | ,   |                          | <u></u>   |
| essor's name:  |   |                          | □ No □ Yes  |
| Description of leased property:                              |   |                          |   |
| Sign Below   |   |                          |   |
| der penalty of perjury, I de<br>operty that is subject to ar | clare that I have indicated a unexpired lease.  | my intention about any p | property of my estate that secures a debt and any personal  |
| /s/ James Smith  | mes Smath   | × Sign                   | nature of Debtor 2  |
| Date 10/10/2019  |   | Date                     | anderstrugt stell stellarenstructes   |
| MM/DD/YYYY   |   |                          | MM/DD/YYYY  |

Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 66 of 82

# UNITED STATES BANKRUPTCY COURT Northern District of Illinois

| In re:        | Smith, James                              | 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -           |                              |
|---------------|---|---|------------------------------|
| ****          | Debtor(s)                                 | Case No   |                              |
|               |   | Chapter.  | Chapter7                     |
|               | VERIFIC                                   | CATION OF CREDITOR MATRIX                         |                              |
| T<br>knowledg | he above named Debtors hereby verif<br>e. | y that the attached list of creditors is true and | correct to the best of their |
| Date:         | 10/10/2019                                | /s/ Smith, James Smith, James Signature of Debtor | ames Smith                   |

# Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 67 of 82

| Debtor 1 James First Name Mi   | ddle Name  | Smith<br>Last Name   | Case number @/know/             | v                       |                   |
|--|--|--|---------------------------------|-------------------------|-------------------|
|  | ner (1911) (1915) (1915) (1915) (1915) (1915) (1915) (1915) (1915) (1915) (1915) (1915) (1915) (1915) (1915) |  | Column A<br>Debtor 1            | Column B<br>Debtor 2 or |                   |
| Unemployment compensation     Do not enter the amount if you contend the under the Social Security Act, Instead, list  | nat the amount<br>it here:   | received was a benefit   | \$0.00                          | non-filing spouse       |                   |
| For your spouse  |  | \$0.00   |                                 |                         |                   |
| 9.Pension or retirement income. Do not in  | nclude any amo   | 9-0 X 013-10-10-1  | \$0.00                          |                         |                   |
| benefit under the Social Security Act.  10.Income from all other sources not list amount. Do not include any benefits receip payments received as a victim of a war crin international or domestic terrorism. If necepage and put the total below. | ed above.Spec  | ify the source and ocial Security Act or                       |                                 |                         |                   |
| Total amounts from separate pages, if any  | 1  |  | +\$0.00                         | +                       |                   |
| 11. Calculate your total current monthly   | income. Add lin  | nes 2 through 10 for   | ¢1.070.00 +                     |                         |                   |
| each<br>column. Then add the total for Column  |  |  | \$ <u>1,679.66</u>              |                         | <u>\$1,679.66</u> |
|  |  |  |                                 |                         | Total current     |
| art 2: Determine Whether the Mear  | ns Test Appli  | es to You  |                                 |                         | monthly incor     |
| <ol><li>Calculate your current monthly income<br/>12a. Copy your total current monthly incor</li></ol>   | for the year.  | Follow these steps:  |                                 | 100 m                   |                   |
| Multiply by 12 (the number of month  |  |  | Copy lin                        | e 11 here →             | \$1,679.66        |
| 12b. The result is your annual income for t  |  | orm.   |                                 | 126.                    | X 12              |
| 3 Calculate the medics for the   |  |  |                                 | [                       | \$20,155.92       |
| 3 Calculate the median family income the   | it applies to yo   | ou. Follow these steps:  |                                 |                         |                   |
| Fill in the state in which you live.   | V/100  | 1  |                                 |                         |                   |
| Fill in the number of people in your househ  |  |  |                                 |                         |                   |
| Fill in the median family income for your sta<br>household.  | ate and size of  | · Illiand and annual as  |                                 | 13.                     | \$54,238.00       |
| To find a list of applicable median income a<br>instructions for this form. This list may also<br>4. How do the lines compare?   | amounts, go on<br>be available at  | line using the link specified<br>the bankruptcy clerk's office | In the separate<br>a.           | ).                      |                   |
| 14a. Line 12b is less than or equal to i   | ine 13. On the t   | top of page 1, check box 1                                     | There is no presumption of ab   | use.                    |                   |
| 14b. Line 12b is more than line 13, Or<br>Go to Part 3 and fill out Form 122   | the top of pag   |  |                                 |                         |                   |
| art 3: Sign Below  |  |  |                                 |                         |                   |
| 12 11 11   |  |  |                                 |                         |                   |
| By signing here, I declare under penalty of  | perjury that the   | information on this statem                                     | ent and in any attachments is t | rue and correct.        |                   |
| * /s/ James Smith James  | Smith  | _ ×_   |                                 |                         |                   |
| Signature of Debtor 1  |  | Si   | gnature of Debtor 2             |                         | -                 |
| Date 10/10/2019<br>MM/DD/YYYY  |  | Da   | tte 10/10/2019<br>MM/DD/YYYY    |                         |                   |
| If you checked line 14a, do NOT fill out   | or file Form 122   |  |                                 |                         |                   |

Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 68 of 82

B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

|  | INO   | rthern District of Illinois         |                  |                                |  |
|--|---|-------------------------------------|------------------|--------------------------------|--|
| In re  | James Smith   |                                     | Case No.         |                                |  |
|  | Debtor  |                                     |                  | (If known)                     |  |
|  |   |                                     | Chapter          | Chapter 7                      |  |
|  | DISCLOSURE OF COMPE   | NSATION OF ATT                      | ORNEY            | FOR DEBTOR                     |  |
| 1.   | . Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. compensation paid to me within one year before t rendered or to be rendered on behalf of the debtor   | ne filing of the petition in bankru | ptcy, or agreed  | to be paid to me, for services |  |
|  | For legal services, I have agreed to accept   |                                     |                  | \$1,765.00                     |  |
|  | Prior to the filing of this statement I have received   |                                     |                  | \$0,00                         |  |
|  | Balance Due   |                                     |                  | \$1,765.00                     |  |
| 2.   | . The source of the compensation paid to me was:  |                                     |                  | <del></del>                    |  |
|  | ✓ Debtor  | Other (specify)                     |                  |                                |  |
| 3.   | . The source of the compensation paid to me is:   |                                     |                  |                                |  |
|  | ✓ Debtor  | Other (specify)                     |                  |                                |  |
| 4  | 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.   |                                     |                  |                                |  |
|  | I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. |                                     |                  |                                |  |
| 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: |   |                                     |                  |                                |  |
|  | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  |                                     |                  |                                |  |
|  | b. Preparation and filing of any petition, scho   | edules, statements of affairs and   | plan which ma    | y be required;                 |  |
|  | c. Representation of the debtor at the meeting  | ng of creditors and confirmation    | hearing, and an  | y adjourned hearings thereof;  |  |
| 6  | 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  |                                     |                  | 5.                             |  |
|  |   |                                     |                  |                                |  |
|  |   | CERTIFICATION                       |                  |                                |  |
|  | I certify that the foregoing is a complete statement tor(s) in this bankruptcy proceedings.   | of any agreement or arrangemen      | t for payment to | o me for representation of the |  |
| Gen  | ,,  |                                     |                  | PACCA MOOR                     |  |
|  | 10/10/2019<br>Dete  |                                     | re of Attorney   | WINLY MALL                     |  |
|  | Dara  | ыдлаш                               | o or Automos     | 1113                           |  |
|  |   | Semra                               | d Law Firm       | J                              |  |
|  |   | Name                                | of law firm      |                                |  |



#### THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

Thank you for selecting The Semrad Law Firm LLC (the "Firm") as legal counsel. It is our policy to confirm in writing the terms of our engagement, including the scope of our representation and how we will charge for our legal services. Those terms are set forth below.

- Scope of Representation. The Firm will be representing you in all aspects of your Bankruptcy case filed under Chapter 7 of the United Stated Bankruptcy Code except for any adversary proceedings that may be filed against you. The scope of this representation does not include any other civil or criminal proceedings.
- 2. Conditional Representation. The Firm has agreed to represent you on the condition that you will enter into and sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case. If you refuse to enter into and sign the agreement within ten (10) days after the filing of your case, the Firm will file a motion to withdraw from representing you.
- 3. Prepetition Fees.
  - a. Before the case is filed, the Firm agrees to:
    - Personally counsel you regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures as well as nonbankruptcy options, and answer your questions;
    - ii. Personally explain to you that the Firm is being engaged to represent you on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees are determined and paid;
    - Personally review with you and sign the completed petition, statements, and schedules;
    - iv. Timely prepare and file your petition, statements, and schedules,
    - v. Advise you on which creditors you will need to continue to pay, such as housing or vehicle payments that you intend to retain.
  - b. The fee for services provide before the case is filed is \$0.00.
  - c. The Firm may also incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.
- Post-Petition Fees.
  - a. After the case is filed, the Firm agrees to:
    - Advise you of the requirement to attend the meeting of creditors and notify you of the date, time, and place of the meeting;

#### James C. Smith

- ii. Advise you of the requirement to attend a debtor education course and provide a certificate of completion to the Firm;
- iii. Send notice of your case filing to creditors;
- Iv. Correspond with creditors regarding any matters necessary for the administration of your case, including to cease payroll garnishments, unfreeze bank accounts, or recover property that was improperly seized by a creditor;
- v. Timely submit to the Chapter 7 trustee properly documented proof of income, tax records as well as any other necessary documentation;
- Provide you with knowledgeable legal representation at the meeting of creditors as well as any continued or rescheduled meetings in time for check-in and examination;
- vii. Timely prepare and file the notice of completion of the debtor education course;
- viii. If the Firm will be employing another attorney to attend the meeting of creditors, personally explain to you, in advance, the role and identity of the other attorneys and provide that attorney with your file in sufficient time to review it and properly represent you at the meeting;
- ix. Timely negotiate with the Trustee regarding any property or actions that the Trustee may pursue that could be adverse to your interests;
- x. Timely prepare, file, and serve any necessary statements, amended statements, amended schedules and any change of address, in accordance with Information provided by you;
- xi. Monitor all incoming case information, including but not limited to, Reaffirmation agreements, notice of audits by the US Trustee, correspondence from you or any interested parties;
- xii. Review and negotiate, if necessary, any reaffirmation agreements and personally explain the terms of said agreements to you;
- xiii. Be available to respond to your questions throughout the term of the case:
- xiv. Review and timely respond, if necessary, to Trustee motions to dismiss the case;
- xv. Review and timely respond, if necessary, to motions for relief from stay;
- xvi. Prepare, file, and serve all appropriate motions to avoid liens;
- xvii. Prepare, file, and serve all appropriate motion to redeem;
- xviii. Send In Re Mendiola letters to previously undisclosed creditors; and
- xix. Provide any other legal services necessary for the administration of the case.
- b. The fee for services provide after the case is filed is \$1,765.00.
- c. The firm will have no right to payment of the fee listed in section 4(b) unless you sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case.

#### James C. Smith

- d. After the case is filed, the Bankruptcy Court will require payment of filing fees in the amount of \$335.00. In order to pay this, you have two (2) options (please circle one):
  - i. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
  - li. Request that the Firm pay the costs on your behalf for which it will seek reimbursement from you;
- 5. Retainers and Payments to the Firm.
  - a. The fee being charged to you is a flat fee for services rendered during the Chapter 7 case and will be applied without the need for the Firm to keep detailed time records for the specific services performed.
  - b. Any funds paid to the Firm shall immediately become property of the Firm and will be deposited into the operating account of the Firm and will be used for general expenses of the firm.
  - c. While it is ordinarily your option to deposit funds with an attorney that shall remain your property as security for future services, the Firm does not represent clients under such a security retainer because bankruptcy cases require many disparate tasks and functions for the attorneys and support staff; some of which require legal expertise while others may only be ministerial in nature. The benefit to you is the firm's commitment to perform any and all work necessary to represent you in this Chapter 7 bankruptcy.
- 6. Right to Hire New Counsel. You always have the right at any time to terminate the Firm's representation and hire new counsel. Should you refuse to sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case, and the Firm moves to withdraw from representing you, you are strongly encouraged to hire new counsel.
- 7. Conflict Waiver. There is an inherent conflict wherever attorneys represent debtors in bankruptcy for a fee. The Firm is working to alleviate financial issues, while at the same time charging a fee. There have also previously been cases that questioned whether asking you to sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case presents a possible additional conflict of interest. The Firm may only represent you if that representation will not be materially limited by the Firm's own interests. We believe our ability to represent you will not be affected by your ongoing obligation to pay our post-petition fee. By signing this agreement, you are waiving this conflict and are allowing us to represent you. You

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 72 of 82

#### James C. Smith

do not have to waive this conflict of interest and can instead choose for the Firm not to represent you. You also have the right to consult separate counsel to discuss whether you should waive this conflict.

8. Merger. This agreement constitutes the entire agreement between you and the Firm. Any previous discussions or agreements are not valid or enforceable unless contained in this document.

| very truly yours,             |        |
|-------------------------------|--------|
| Attorney, The Semrad Law Firm |        |
| CONFIRMED:                    |        |
| Client Smeth                  | Client |
| 10/10/19                      | Date   |

Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 73 of 82

The Semrad Law Firm, LLC 20 S. Clark Street, 28th Floor Chicago IL 60603

#### CHAPTER 7 DISCLAIMERS

| ١. | I understand that The Semrad Law Firm, LLC has pulled my credit report, but that credit report does not  |
|----|--|
|    | report every debt I owe. I understand that it is my responsibility to provide all my debts to The Semrad |
|    | Law Firm, LLC to list in my bankruptcy.  |

5.5

 I agree that in the preparation of my bankruptcy petition and schedules that I have disclosed to The Semrad Law Firm, LLC all my debts, sources of income, assets, personal property, real property, transfers of real estate or any property over the past 4 years, and all expenses I have.

15

3. I agree that I will attend my creditors meeting at the time, date, and location that will be mailed to me by the Bankruptcy Court. Failure to attend this meeting is grounds for my case to be dismissed. I understand that at this meeting I will bring my <u>driver's license or State ID and my original social security card</u>. I understand that failure to bring said requested documents to the meeting could be grounds for the meeting to not be held.

\_\_\_\_\_\_

- 4. I understand and agree to complete my 2<sup>nd</sup> credit counseling course (Debtor Education course) within 45 days of my original 341 meeting date, and submit a copy of the certificate to my attorney and confirm receipt of the certificate. I also understand that there will be a separate cost for the 2<sup>nd</sup> course. I understand that failure to complete this 2<sup>nd</sup> course and submit it to my attorney can be grounds to have my case close without a discharge. I understand that if my case closes without a discharge, that additional filing fees would have to be paid to re-open my case to file the 2<sup>nd</sup> Debtor Education certificate.
- 5. If I have a garnishment coming out of my paycheck, The Semrad Law Firm, LLC will send notice of the bankruptcy to my payroll department and garnishing creditor to stop wage garnishments as long as I provide my payroll department contact information. If I choose to not provide my payroll contact information, I understand and agree that it is my responsibility to contact my payroll and garnishing creditor and provide them with proof of filing. Further, although the Semrad Law Firm, LLC will send notice of the bankruptcy filing to my payroll department and garnishing creditor, it is my responsibility to ensure notice was received.

1.5

The Semrad Law Firm, LLC 20 S. Clark Street, 28th Floor Chicago IL 60603

6. I understand that I must have filed my federal and state taxes for the past 4 years if I was legally required to, and failure to have done so is grounds to have my case dismissed.

3.5

7. I understand that the entire firm of The Semrad Law Firm, LLC represents me and that while a different attorney might have counseled me and prepared my case, once it is filed, my case will be assigned to the attorneys and staff of the Chapter 7 department for the remainder of my case.

1.5

8. I understand and agree that I must fully disclose any and all assets, real property, cash, expected tax refunds, inheritance, or personal property of any kind prior to the filing of my bankruptcy.

1.5

9. I further understand that any assets including, but not limited to real property, cash, expected tax refunds, future settlements, potential or pending lawsuits, or personal property that has equity that cannot be exempted is subject to liquidation by the Chapter 7 Trustee.

).5

10. I understand that the following debts will not be discharged in my Chapter 7 (this list shows the most common non-dischargeable debts, but not necessarily all): parking tickets, moving violations, student loans, certain governmental debts including taxes and code violations, and child support.

3.5

11. I understand that if I wish to keep a secured debt, for example, a mortgage(s) or automobile, I must sign a reaffirmation agreement. I understand that even if I am current on the debt, a reaffirmation agreement is offered solely at the discretion of the creditor. I understand that for my creditor(s) to offer me a reaffirmation agreement I must be current on my monthly payment. If I do not have a reaffirmation agreement offered to me by my finance company, that I may not be able to keep my secured debt.

1.5

12. I understand that I will work with my attorney to ensure the reaffirmation agreements are timely received, signed and filed with the Court. I understand the reaffirmation agreement must be filed with the court before the case discharges. Once the reaffirmation agreement is signed, filed with the Court and approved, the debt will be non-dischargeable. I understand that the bankruptcy judge will review my budget when approving or denying the reaffirmation agreement and that it is possible that the judge may determine that the reaffirmation is not in my best interest and deny the reaffirmation.

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 75 of 82

| The Semrad Law Firm, LLC<br>20 S. Clark Street, 28 <sup>th</sup> Floor Chicago IL 60603                                       |  |
|---|--|
| 1.5   |  |
| <ol><li>I understand that the scope of representat<br/>repair.</li></ol>  | ion from The Semrad Law Firm, LLC does not extend to credit  |
| 1.5   |  |
| during the 3 month period prior to my bar<br>bankruptoy court. An adversary is a laws   | nt credit card transactions, cash advances, or incurred loans akruptcy, an adversary lawsuit may be brough against me in uit in which a creditor asks the court to make certain debt non-The Semrad Law Firm, LLC to represent me in an adversary I  |
| 3.5   | <del></del>  |
|   | at I have filed in the last eight (8) years. I further understand by in the last eight (8) years, I am not eligible to file a Chapter 7  |
| 7.5   |  |
| monthly expenses, and I also have to pa-<br>amount of disposable income available<br>understand that if I do have any disposa | apter 7 I cannot have any disposable income after paying all my ss the Form 122A Means test, and if I do have a significant or fail the Form 122A that I may be incligible for a Chapter 7. I ble income and we attempt to rebut the presumption, the United use and I may have to convert to a Chapter 13 or let my case be |
| 15  |  |
|   |  |

17. I understand and acknowledge that when I surrender real property through my Chapter 7 bankruptcy that the property is still my responsibility until it is sold at a foreclosure sale. I must keep up the property insurance and maintenance of said property, including, but not limited to, future water bills until the sale date. I understand that, if I neglect to maintain the property and am assessed city code violations, I will be responsible to pay those fines. Further, I must continue to pay homeowners and association fees after the bankruptcy is filed until the property is sold. If I do not pay these fees the Association can sue me for the balance of unpaid fees from the filing of the bankruptcy until the property is sold.

76

### Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 76 of 82

The Semrad Law Firm, LLC 20 S. Clark Street, 28th Floor Chicago IL 60603

| 18. | I understand that if I have a | co-signer on any | y of my debts. | the co-signer | will still be respons | sible for that |
|-----|-------------------------------|------------------|----------------|---------------|-----------------------|----------------|
|     | debt after the case is filed. |                  |                | •             | -                     |                |

19. I agree that I authorized The Semrad Law Firm, LLC to file my bankruptcy case, after I reviewed my bankruptcy petition and schedules.

Page 4 of 4

### City of Chicago – Fresh Start DISCLAIMER

1. I understand that the City of Chicago ("COC") plan payment amount quoted to me at my

|    | initial consultation is an estimate, only the COC can provide the exact number after notice is sent to them, so the terms may vary.   |
|----|---|
| 2. | I understand that once my case is filed, notice is sent to the COC, the COC will then respond with the plan payment terms. I also understand it could take between 5-10 business days to receive a response from COC with the plan terms.   |
|    | 5.5   |
| 3. | I understand that once the COC sends the printout outlining the terms, The Semrad Law Firm, LLC will contact me with the printout from the COC, and I will then need to take the plan payment terms, together with the Notice of filing and the ticket summary to 400 W. Superior to accept, sign the contract and make my first payment. |
|    | 5.4   |
| 4. | I understand that if I do not take the printout to the COC to sign and accept before my discharge, the terms expire and are no longer valid.  |
|    | 1.5   |
| 5. | I understand that if my vehicle has been booted and/or impounded after being booted, the City will release my vehicle after I have filed a Chapter 7 and met the following requirements: 1) Pay 25% of your tickets less than 3 years old and 2) Enroll in the Fresh Start payment plan.  |
| 1  | If my vehicle has been impounded due to driving on a suspended license or any other moving violation, you will also be required to pay a \$1000.00 administrative penalty in addition to the above requirements before your vehicle will be released.   |

| 6. | I am aware that if my car is impounded, it may take between 2-6 weeks to retrieve my vehicle from the impound.   |
|----|--|
|    | Sis  |
| 7. | I understand that if my license is suspended, it will take 7-10 days to be unsuspended and I will be responsible for the reinstatement fee and SR 22 insurance.  |
|    | 3.5  |
| 8. | I am aware that if I have a zero payment plan, that in addition to taking the plan payment terms, together with the Notice of filing and the ticket summary to 400 W. Superlor to accept and sign the contract, that after my discharge I will also need to take the discharge order to 400 W. Superior. |
|    | J.S.   |

#### Disclosure Pursuant to 11 U.S.C. §527(a)(2)

#### You are notified:

- All information that you are required to provide with a petition and thereafter during a case under the Bankruptcy Code is required to be complete, accurate, and truthful.
- 2. All assets and all liablities are required to be completely and accurately disclosed in the documents filed to commence the case. Some places in the Bankruptcy Code require that you list the replacement value of each asset. This must be the replacement value of the property at the date of filling the petition, Without deducting for costs of sale or marketing, established after a reasonable inquiry. For property acquired for personal, family, or household use, replacement value means the price a retall merchant would charge for property of that kind, considering the age and condition of the property.
- 3. The following information, which appears on Official Form 22, Statement of Curent Monthly Income, is required to be stated after reasonable inquiry: current monthly Income, the amounts specified in section 707(b) (2), and, in a case under chapter 13 of the Bankruptcy Code, disposable income (determined in accordance with section 707(b)(2)).
- 4. Information that you provide during your case may be audited pursuant to provisions of the Bankruptcy Code. Failure to provide such information may result in dismissal of the case under this title or other sanction, including criminal sanctions.

I have been provided a copy of the above disclosure.

| James Smith | OCT 10 2019 |
|-------------|-------------|
| Debfor      | Date        |
| Debtor      | Date        |

### IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER.

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following Information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to aftend the required first meeting of the creditors where you may be questioned by a court official called a 'trustee' and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy ludge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

I have been provided a copy of the above disclosure.

| Dames Smed | OCT 1 0 2019 |
|------------|--------------|
| Débtór     | Date         |
| Debtor     | Date         |

Case 19-28911 Doc 1 Filed 10/10/19 Entered 10/10/19 15:15:55 Desc Main Document Page 81 of 82

#### DISCLAIMER REGARDING STRATUS INTELLIGENCE

Please be advised that some of the partners of this firm have a financial interest in the company, Stratus Intelligence, LLC, that developed and provides to this firm (as well as other firms) the computer software used process its clients' matters. You will not be charged any extra fees or costs as a result of the firm's use of this software as compared to other software. However, as a result of his financial interest in the software company, the Interested partners will receive a financial benefit in the range of \$10-15 from the use of this software to process your matter should you determine to retain the firm for your case. The firm does not utilize any other software to process its clients' matters. The firm's use of the software does not impact on the obligations of firm attorneys to exercise independent professional judgment on your behalf with respect to your matter. You are; of course, free to select any counsel of your choice to represent you with respect to your matter.

| I have read and understand the ab | pove disclaimer. |
|-----------------------------------|------------------|
| Dames Smith                       | OCT 1 0 2019     |
| Debtor                            | Date             |
| Debtor                            | Date             |

#### THE SEMRAD LAW FIRM, LLC

#### CHAPTER 7 CHICAGO PARKING TICKETS DISCLAIMER

You have chosen to file a Chapter 7 bankruptcy and have included parking tickets owed to the City of Chicago in your list of debts. Parking tickets are not dischargeable in Chapter 7. However, effective January 1, 2019, the City of Chicago has enacted an ordinance that will waive parking, standing, compliance, automated camera tickets, fees and penalties including boot, impound, storage, and administrative fees, as long as those debts are more than 3 years old as of the date you file your Chapter 7 filing.

In the event you owe any recent Chicago tickets or fees than are less than 3 years old, you will have to complete a payment plan for the recent tickets and fees before any old tickets or fees are waived. The payment plan offered by the City of Chicago can be viewed at <a href="https://www.cityofchicago.org/city/en/depts/fin/supp\_info/revenue/parking\_and\_red-lightticketpaymentplans.html">https://www.cityofchicago.org/city/en/depts/fin/supp\_info/revenue/parking\_and\_red-lightticketpaymentplans.html</a>.

WARNING: If you begin a payment plan for recent tickets and fees and then default on that plan, no tickets will be waived and you will be responsible for the full amount due including all older tickets and fees,

WARNING for BOOTED and IMPOUNDED VEHICLES: If your vehicle has been booted and/or impounded after being booted, the City will release your vehicle after you have filed a Chapter 7 and met the following requirements: 1) Pay 25% of your tickets less than 3 years old and 2) Enroll in the Fresh Start payment plan.

If you're vehicle has been impounded due to driving on a suspended license or any other moving violation, you will also be required to pay a \$1000.00 administrative penalty in addition to the above requirements before your vehicle will be released.

Because this ordinance is very recent and has not been sufficiently tested, it is difficult to DebtStoppers to advise you as to whether you should file a Chapter 7 or Chapter 13 for Chicago parking tickets. This ordinance only applies to tickets issued by the City of Chicago and does not apply to any other municipalities or state tickets. This ordinance does not apply to Illinois tollways violations. These other debts will remain non-dischargeable if you file a Chapter 7. If you also have these debts or are concerned about your ability to successfully complete the plan offered by the City of Chicago, a Chapter 13 may be a better option since it is the only type of bankruptcy that can discharge governmental fines such as parking tickets and tollway violations.

| Clames South | QUI 10 ZUID |
|--------------|-------------|
| Debtor       | Date        |
| Debtor       | Date        |